Food Program Official Inspection Report



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

phone: (530) 841-2100, fax: (530) 841-4076

Facility	Na	^{me:} Walmart Ir	nc., #	1630	0	Permit # 000473					
Address: 1906 S Main St;, Yreka, CA 96097											
Permit	Permit Holder: Permit To Operate:										
Dhara	Walmart Co.										
	Phone: 530-842-7330 E-mail: sdj0057.s01630.us@wal-mart.com										
Food S	Food Safety Certified Employee: Steven Osuna Expiration Date: 05/2028										
			-	OUT		The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.				DOUTING INCREATION CONDUCTED THIS DATE					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food				14) Observed ice buildup on the ceiling in the smallest walk-in freezer. Maintain this un					
	5	Pure Food				in good repair, fully serviceable, and not a source of contamination. Remove ice build-uand correct immediately.					
	6	Reused Food									
	7	Transportation				14) Observed raw wood on the wall behind the mop sink at the produce processing					
Φ	8	Storage Fac.				area. Finish bare wood as to be nonabsorbent, smooth, easily cleanable, and durable.					
orag	9	Refrig. Units				Repair and correct within 30 days.					
Food Storage	10	Thermometer				17) 01					
F00		Hazardous Mat.				17) Observed hot water measuring at 70F at the hand wash station at the unisex employee's restroom in the back. Ensure the water at each hand wash stations have a					
90000	12	Spoils				minimum temperature of 100F. Repair or correct within 60 days.					
din.	, TO 100	Wash/ Sanitize	\Box			The state of the s					
Uten./Equip.	14	Equip. Condition		X		17) Observed no single use paper towel dispenser at hand wash station in the bakery					
lten.	7	Utensil Condition				prep area. Ensure hand wash station is supplied with hot water, single-use paper towel					
)	16	Storage				and soap in a dispenser at all times. Repair or correct within 30 days.					
90	- 1	Handwashing		X		29) Observe the prep sink is plumbed indirectly into a floor sink without a 1" air gap.					
Employee	The same of	Employee Hygiene				Ensure unit is plumbed indirectly with at least a 1" air gap above the flood level rim of the					
Emp		Employee Habits		_		floor sink. Repair or correct within 60 days.					
	t maxim	Food Cert./ Card		_							
Water		Water	\vdash	-							
S		Cross Con.									
Waste	-	Liquid Waste		_							
	_	Refuse		_							
ermin'		Rodents/ Insects Animal/ Fowl		\rightarrow							
>			-								
	27	Ventilation	-	-							
ies	28	Doors	-	$\overline{}$		NOTE: Provide "Facility Inspection Notice" form.					
Facilities	29 30	Floors Walls - Ceilings		X							
ш				-							
	31	Toilet Fac. Janitorial Fac.		\rightarrow							
		Lighting Clothing - Linen									
Misc.	- 75			+							
		Signs		\dashv	\dashv						
MAJ =		Misc. or violation O	UT =	Out o	f com	ppliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date:											
		Tanya F	loyd			08/28/2024					
REHS (Print): Chalyn Dewe	еу			REHS (Signature): Phone: 530-841-2112					

Facility Name:	Walmart Inc., #1630	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date:	
Ta	nya Floyd	08/28/2024
REHS (Print): Chalyn D	REHS (Signature): Phon Dewey 53	e: 0-841-2112

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