

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 Name: Rite Aid #6104- Yreka Permit # 000394											
Address: 807 South Main St., Yreka, CA 96097											
Permit Holder: Permit To Operate:											
Phone	Rite Aid										
Phone: 530-842-7310 E-mail: mario.patino@riteaid.com											
Food S	Food Safety Certified Employee: N/A Expiration Date:										
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service				ROOTINE INSI ECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	. 28	Frozen Food									
ctio	5	Pure Food									
rote	6	Reused Food				SATISFACTORY AT PRESENT TIME.					
п		Transportation				GATIOI ACTORT ATTRECENT TIME.					
ae	_	Storage Fac.									
Food Storage	Ten Prince	Refrig. Units									
d St	10	Thermometer		3							
F00		Hazardous Mat.									
Screen	12	Spoils		3							
din.		Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition		:							
Iten.	-	Utensil Condition									
כ		Storage				NOTE: Issued "Facility Inspection Notice" form.					
96	_	Handwashing				NOTE. Issued Facility inspection Notice form.					
Employee		Employee Hygiene									
Emp	100	Employee Habits									
	7	Food Cert./ Card									
Water	GMCCON.	Water									
>		Cross Con.									
Waste		Liquid Waste									
	-	Refuse									
/ermin		Rodents/ Insects									
Ve		Animal/ Fowl			5						
	_	Ventilation									
es		Doors			9						
Facilities		Floors									
Fa		Walls - Ceilings			-						
	7	Toilet Fac.									
		Janitorial Fac.			-						
Misc.		Lighting									
		Clothing - Linen									
		Signs									
MA I -		Misc.	NIT -	Out	of con	poliance COS - Corrected on site					
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:										
Mark Mehringer 08/30/2024											
REHS (Print): REHS (Signature): Phone: 530-841-2112											

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	The marked items represent Health Code violations and must be correct	cted as follows:
•		
	·	
Received By (Print):	Received by (Signature):	Date:
	k Mehringer	08/30/2024
REHS (Print): Chalyn De	REHS (Signature):	Phone: 530-841-2112
Chalyn De	wey	33U-041-2112

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Received By (Print):	Received by (Signature):	Date:
	Mehringer	08/30/2024
REHS (Print): Chalyn D	REHS (Signature): Dewey	Phone: 530-841-2112

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