

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

Facilit	y Na	me: Yreka Co	mmu	nity (Cente	er	Permit # 000492		
Address: 810 N Oregon St Yreka CA 96097									
Permi	Permit Holder: Permit To Operate:								
Di	City of Yreka Valid Not Valid								
	Phone: 530-841-2365 E-mail: sara@madronehospice.org								
Food	Food Safety Certified Employee: Samantha Lukensmeyer Expiration Date: 05/2027								
				OUT	_	The marked items represent Health Code violations			
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCT			
	2	Prep./ Service				ROOTINE INSPECTION CONDUCT	The inspection conducted on this date		
	3	Storage/ Disp.				 Observed an oven placed outside the exhaust hood 			
	4	Frozen Food							
ction	5	Pure Food				ventilation system is placed over all cooking equipn			
Protec	6	Reused Food				odors, smoke, steam, grease, heat, and vapors. En of all side within the hood system. Repair or correct			
	7	Transportation				of all side within the nood system. Repair of correct	within 50 days.		
e		Storage Fac.				29) Observed the 3 compartment sink plumbed indirectly without a 1" air gap. C	lirectly without a 1" air gap. Observed		
Food Storage	9	Refrig. Units				the prep sink directly plumbed into the sewer system. Ensure these units are plumbe indirectly into a floor sink with at least a 1" air gap above the flood level rim. Repair of			
	10	Thermometer			ē				
		Hazardous Mat.				correct within 90 days.			
	12	Spoils			()				
din.		Wash/ Sanitize							
Uten./Equip.	14	Equip. Condition		Х					
Iten.	10000	Utensil Condition							
		Storage		8					
80		Handwashing			-				
Employee	200310	Employee Hygiene							
Ē		Employee Habits	-	ş					
-	100.00	Food Cert./ Card	-	-	~				
Water	_	Water Cross Con.	-						
			-	2	-				
Waste	_	Liquid Waste Refuse	+						
		Rodents/ Insects	+	2					
Vermin	-	Animal/ Fowl	+						
>	27	Ventilation		8	6				
-	-	Doors		<u> </u>					
ties	29			X	8 9				
Facilities	30	Walls - Ceilings							
ш	31	Toilet Fac.							
	32	Janitorial Fac.		-					
		Lighting	-		-				
Misc.	34	1							
	1000	Signs							
		Misc.							
MAJ = Major v			OUT =	Out	of com	pliance COS = Corrected on-site			
Receiv	ed By	y (Print): Saman	tha L	uker	nsme	Received by (Signature): yer	Date: 09/06/2024		
REHS	REHS (Print): REHS (Signature): Phone:						Phone: 530-841-2112		
L			- 18 - 11				enterforment (FIP) 56577 States (States)		

Facility Name:	Yreka Community Center			
	The marked items repres	ent Health Code violations and	d must be corrected as follow	WS:
*				
		κ.		
Received By (Print):		Received by (Signature):		Date:

.,	
Samantha	Lukensmeyer

REHS (Signature):

09/06/2024

530-841-2112

Phone:

REHS (Print): Chalyn Dewey Page 2

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	x	
Received By (Print):	Received by (Signature):	Date:
	antha Lukensmeyer	09/06/2024
REHS (Print):	REHS (Signature):	Phone:
Chalyn I	Jewey	530-841-2112

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Sar	nantha Lukensmeyer	09/06/2024
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Chalyn [Dewey	530-841-2112