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

11											
Facility Name: Mt Hebron General Store Permit # 000341											
Address: 1934 E Main St Macdoel CA											
Permit	Hol	der: Mt Hebron	Gen	eral	Store	Permit To Operate: Valid Not Valid Not Valid					
Phone		530-398-4523				E-mail: mthebronestore@gmail.com					
Food S	Food Safety Certified Employee: Amanda Clifford Expiration Date: 08/2026										
	MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
125	1	Food Temp.	110 10	001	000	ROUTINE INSPECTION CONDUCTED ON THIS DATE					
Protection Time/ Temp.	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	300	Storage/ Disp.				13) Observed facility without prepared sanitizer. Keep sanitizer available at all times and maintain					
	100	Frozen Food				manual sanitizer measures for chlorine/bleach at 100 ppm.					
ion	5	Pure Food									
tect	6	Reused Food				25) Observed an excessive amount of flies throughout the entire facility. There was between 50-100 counted during inspection. Ensure pest control plan is current before this becomes a even larger problem. As stated in the California Retail Food Code Article 6 Code 114259, a food facility					
Pro	7	Transportation									
	93/70	Storage Fac.				shall at all times be constructed, equipped, maintained, and operated as to prevent the entrance					
Food Storage	_	Refrig. Units	RS - 20			and harborage of insects. This facility is instructed to correct the fly problem within the next 7 days.					
	10	Thermometer									
poc	11	Hazardous Mat.		1-	9						
F		Spoils									
ď	- 1	Wash/ Sanitize		X	0						
Uten./Equip.	14	Equip. Condition									
en./E	15	Utensil Condition									
Ute		Storage									
d)	_	Handwashing									
уее		Employee Hygiene									
Employee	19	Employee Habits									
Ш	20	Food Cert./ Card									
ter	21	Water									
Water	22	Cross Con.									
Waste	23	Liquid Waste									
Wa	24	Refuse									
Vermin	25	Rodents/ Insects		X							
Ver	26	Animal/ Fowl									
	27	Ventilation									
S	28	Doors			8						
Facilities	29	Floors			Ÿ						
Fac	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	_	Lighting									
S	34	Clothing - Linen									
	35	Signs			Ш						
		Misc.			لــا						
			OUT =	Out	of com	ppliance COS = Corrected on-site					
Received By (Print): Amanda Clifford Received by (Signature): 9/13/2024											
REHS (Print): Alexa Thom REHS (Signature): Phone: 530-598-3228											

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	The marked items re	epresent Health Code violations and must be co	orrected as follows:					
Received By (Print): Ar	nanda Clifford	Received by (Signature):	Date: 9/13/2024					
REHS (Print): Alexa Th	om	REHS (Signature):	Phone: 530-598-3228					

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REHS (Print):	REHS (Signature):	9/13/2024 Phone:		

530-598-3228

Alexa Thom

Facility Name:			
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