



# 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: <b>Weed Golf Club</b>	Permit #
Address: <b>27730 Old Edgewood Rd, Weed CA</b>	
Permit Holder: <b>Weed Golf Club</b>	Permit To Operate: <input type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-938-9971</b>	E-mail: <b>dolph@weedgolfcourse.com</b>
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card		X	
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation	□		
	28	Doors	□		
	29	Floors		X	
	30	Walls - Ceilings		X	
	31	Toilet Fac.	□		
	32	Janitorial Fac.	□		
	33	Lighting	□		
Misc.	34	Clothing - Linen	□		
	35	Signs	□		
	36	Misc.		X	

**ROUTINE INSPECTION CONDUCTED ON THIS DATE**

36) Mace's Hideout is no longer the operator of the food facility. The current owner/operator Weed Golf Club must be brought up to date for both the food and bar services.

29,30) Observed buildup of dirt and grease on the floors and walls. Maintain facility in a clean manner at all times. Correct immediately.

20) Obtain Food Manager certification within the next 60 days.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Dolph Marshall</b>	Received by (Signature): _____ Date: <b>8/23/2024</b>
REHS (Print): <b>Alexa Roche</b>	REHS (Signature): _____ Phone: <b>530-841-2117</b>

**Facility Name:** Weed Golf Club

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):  
Dolph Marshall

Received by (Signature):

Date:  
8/23/2024

REHS (Print):  
Alexa Roche

REHS (Signature):

Phone:  
530-841-2117

**Facility Name:** Weed Golf Club

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):  
Dolph Marshall

Received by (Signature):

Date:  
8/23/2024

REHS (Print):  
Alexa Roche

REHS (Signature):

Phone:  
530-841-2117

**Facility Name:** Weed Golf Club

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):  
Dolph Marshall

Received by (Signature):

Date:  
8/23/2024

REHS (Print):  
Alexa Roche

REHS (Signature):

Phone:  
530-841-2117