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: Fairchild M	/ledic	cal C	ente	Permit # 000230				
Addres	S:	444 Bruce St.	Yrek	a, C	A 96	6097				
Permit	Hol	der: Fairchild M	odio	al C	onto	Permit To Operate:				
Phone	_				ente	E maile				
	530-642-6121 ext 6213 dderamos@iairchildmed.org									
F000 S	Food Safety Certified Employee: Terrina L. Potter Expiration Date: 09/2029									
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:				
Protection Time/ Temp.		Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE				
	3.77	Prep./ Service				Need that the content of the content				
		Storage/ Disp.		×						
	- 2/6	Frozen Food Pure Food				 Observed raw meats, beef patties, and partially cooked chicken stored above potatoes and breaded onions. Store ready-to-eat foods above raw foods and partial 				
	100000	Reused Food				cooked foods above raw foods. Correct immediately.				
		Transportation			-					
		Storage Fac.				14) Observed numerous Household Use Only equipment (KitchenAid food processor,				
Food Storage		Refrig. Units	- 35			Vitamix and Oyster blenders) throughout the facility. Ensure equipment are ANSI or N				
	Toward Co.	Thermometer				certified. Remove equipment immediately and replace within 90 days. Provide manufacture's cut/spec sheets for pre-approval prior to purchase and installation.				
		Hazardous Mat.			9	manadare o car opeo chesto for pro approvar prior to paroridos ana motaliation.				
		Spoils				14) Observed dust buildup on the blades and fan guard on a fan in the ware-washing				
Uten./Equip.		Wash/ Sanitize			0	area. Observed dust buildup on the ice scoop and cracks on ice scoop container.				
		Equip. Condition		X		Maintain equipment in a cleanly manner and in good repair. Clean and sanitize immediately. Repair or replace ice scoop container within 90 days.				
en./E	15	Utensil Condition				initiodatory. Nopuli of replace toe scoop container within so days.				
Ute	16	Storage				14, 29) Observed grease buildup on cooking equipment and floors or hard to reach				
•	17	Handwashing		X	X	places in the cooking area. Maintain equipment and floors in clean manner at all times.				
Employee	18	Employee Hygiene				Clean and sanitize immediately.				
ldm:	19	Employee Habits				17) Observed the handwashing basin obstructed with a strainer at the handwash station				
	20	Food Cert./ Card				in the front service area. Ensure handwash station is easily accessible for use at all				
Water	21	Water				times. Corrected during inspection.				
	22	Cross Con.				29) Observed raw wood on the floor directly below the hand washing station in the front				
Waste		Liquid Waste				service area. Maintain floors as to be nonporous, durable, smooth, and easily cleanable.				
		Refuse				Repair or correct within 90 days.				
'ermin		Rodents/ Insects								
Ve	26	Animal/ Fowl		2	0					
	1000	Ventilation								
es	3 3	Doors			8					
Facilities		Floors		X						
Fa		Walls - Ceilings		3	2					
		Toilet Fac.	Н							
				4	-					
Misc.		Lighting								
	1000	Clothing - Linen								
		Signs	H		\vdash					
MA.I -		Misc. or violation C	UT -	Out	of com	ppliance COS = Corrected on-site				
		y (Print):				Received by (Signature): Date:				
Alexandra Stewart 09/25/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2112										

Facility Name:	Fairchild Medical Cer	nter		
	The marked items re	present Health Code violations ar	nd must be corrected as follows:	
		•		
Received By (Print):		Received by (Signature):	ח	ate:
Ale	exandra Stewart	. toosod by (bigitations).		09/25/2024
REHS (Print): Chalyn D	ewey	REHS (Signature):	P	hone: 530-841-2112

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Received By (Print): Alex	andra Stewart	Received by (Signature):	Date: 09/25/2024
REHS (Print): Chalyn I		REHS (Signature):	Phone: 530-841-2112

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REHS (Print): Chalyn Dewe	ey	REHS (Signature):		Phone: 530-841-2112