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: Yreka Chevron Permit # 000490									
Addres	· C ·	200 N Main St			CA	96097	punded of the profit of the		
Permit Holder: Permit To Operate:									
Phone			oun	ties	Supp	Fa.	Valid		
		30-842-6882				yrekachevron@mtcounties.co	Mysteria .		
Food S	afe	ty Certified Employ	ee: N	I/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	THIS DATE		
	300	Prep./ Service				ROOTINE INSPECTION CONDUCTE	D IIIIS DATE		
	3	Storage/ Disp.				1) Observed cold foods at 48F in both self-service display cases. Hold cold foo or below. Correct immediately.		ds at 41F	
	4	Frozen Food							
ction	5	Pure Food				Observed raw eggs stored above milk in dairy cooler. Store ready-to-eat for raw foods. Correct immediately.		o-eat foods above	
rote	6	Reused Food					r. Store ready-to-eat foods abo		
Pr	7	Transportation				raw roods. Correct infiniediately.			
Φ	8	Storage Fac.				13) Observed food and spilled liquid buildup in cabinets and hard to reach pla	s and hard to reach places.	ces.	
orag	9	Refrig. Units				Maintain facility in a clean manner at all times. Correct immediately.			
Food Storage	10	Thermometer							
F00		Hazardous Mat.				28) Observed the back door entrance cracked open. Ensure doors are closed at times to prevent entrances of vermin or insects. Correct immediately.			
See 1	12	Spoils				unles to prevent entrances of vernint of insects. Correct	of infinediately.		
din.		Wash/ Sanitize		X					
Æφι	14	Equip. Condition							
Uten./Equip.		Utensil Condition							
n	16	Storage							
Ф	17	Handwashing							
Employee	-	Employee Hygiene							
dwΞ	_	Employee Habits							
	7	Food Cert./ Card							
Water		Water							
>		Cross Con.							
Waste		Liquid Waste							
		Refuse							
Vermin	100000	Rodents/ Insects				NOTE: Issued " Facility Inspection Notice" form.			
Ne Ve	26	Animal/ Fowl		2	8				
	0.00	Ventilation	Ш						
es	3 3	Doors		X	8				
Facilities		Floors							
Fa		Walls - Ceilings							
		Toilet Fac.							
		Janitorial Fac.							
Misc.		Lighting							
		Clothing - Linen							
		Signs	Н						
MA I-		Misc.	IIIT -	Out	foor	pliance COS = Corrected on-site			
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:									
		Kandi B	rook	e			09/27/2024		
REHS (Print	Chalyn Dewe	ey			REHS (Signature):	Phone: 530-841-2112		

Facility Name:	Yreka Chevron		
	The marked items represent Health Code v	riolations and must be corrected as follows:	
Received By (Print):	Received by (Sigr	rature):	ate:
	ndi Brooke		09/27/2024
REHS (Print): Chalyn D	REHS (Signature ewey): P	hone: 530-841-2112

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		resent Health Code violations and must be co	prected as follows:
Described By (D. C. C.		Pageired by (Circultura):	Ditt
	di Brooke	Received by (Signature):	Date: 09/27/2024
REHS (Print): Chalyn I	 Dewey	REHS (Signature):	Phone: 530-841-2112

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	Description (O	2 .
	Received by (Signature): ndi Brooke	Date: 09/27/2024
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