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: Chevron -	Horr	broo	(Permit # 000261			
Addres	S:	114 Copco Ro	oad, I	Hornb	rook, CA, 96044	School St. School			
Permit Holder: Narncar Darshan Inc. Permit To Operate: O Valid O Not Valid									
Phone	Phone: 530-475-3448 E-mail: singhran27@yahoo.com								
Food S	Food Safety Certified Employee: N/A Expiration Date:								
		EX 6000 M2	MAJ	OUT	OS The marked items represent Health Code violations a	and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.	IVIAJ	X	The marked items represent realth code violations a	ind must be corrected as follows.			
		Prep./ Service		$\overline{}$	ROUTINE INSPECTION CONDUCT	ED THIS DATE			
		Storage/ Disp.			1) Observed prepackaged cold foods at 47F in the c	auntartan dianlay assa. Hald sald			
		Frozen Food			foods at 41F or below. Correct immediately.	ountertop display case. Hold cold			
	5	Pure Food							
	6	Reused Food			9) Observed a broken door gasket on the unit mentioned above. Observe unit is not holding food to temperature. Maintain equipment in good repair and fully operable. Repair or correct within 60 days. 3RD NOTICE.				
	7	Transportation							
d)	8	Storage Fac.			Repair or correct within 60 days. 3RD NOTICE.				
Food Storage	9	Refrig. Units	E8 25	X	3) Observed raw meats stored next to ready-to-eat foods in the reach-in freezer and				
	10	Thermometer			refrigerator in the facility. Store ready-to-eat foods above or on separate shelves fr				
	11	Hazardous Mat.			raw foods. Correct ASAP.				
	12	Spoils			13) Observed a soiled wash cloth stored in a sani-bu	icket without sanitizing solution			
/Equip.	13	Wash/ Sanitize		X	Ensure wash cloths are store in sani-bucket with a s				
	14	Equip. Condition		X	100ppm chlorine or 200ppm quat. Correct immediate				
ten.	15	Utensil Condition							
n	16	Storage			14) Observed spilled and hardened liquid on the cou				
Ф	22.0	Handwashing		X	customer self-service. Maintain facility in cleanly mainmediately.	nner at all times. Clean and sanitize			
loye		Employee Hygiene			ininediatory.				
⊒mp	_	Employee Habits			14) Observed a foam door gasket and duct tape on	equipment. These materials are not			
	7 100	Food Cert./ Card			easily cleanable. Ensure material is smooth, cleanab				
ater		Water			Remove immediately and maintain equipment in good	od repair.			
>	_	Cross Con.		_	17) Observed no paper towels in the dispenser at th	e handwashing station in the back of			
aste		Liquid Waste			the facility. Ensure handwashing stations are suppli				
>		Refuse		-	single-use paper towels in a dispenser, at all times.				
Facilities Vermin Waste Water Employee Uten./Equip.		Rodents/ Insects		-	I				
Ve	2	Animal/ Fowl			29) Observed rodent droppings, dead and live insection places. Maintain facility in a clean manner at all time				
	-	Ventilation	\vdash			s. Clean and Samile ASAF.			
sei	3 3	Doors			30) Observed a large hole sufficient in size for roder	its to pass through on the ceiling			
acilit		Floors		X	above the ice machine. Seal or patch hole to preven	t entrances of vermin or rodents.			
E.		Walls - Ceilings	Н	X	Repair or correct within 60 days. 2ND NOTICE.				
		Toilet Fac.	Н	-	REINSPECTION FEE HAS BEEN ACCESSED ON	DEDEATED NON COMPLIANCE			
		Janitorial Fac.	\vdash	-	REINSPECTION FEE WILL BE ACCESSED ON FU				
	_	Lighting			COMPLIANCE.	TOTAL TELL EXTENSIVO			
Misc.		Clothing - Linen							
Σ	027	Signs		-	NOTE: Issued "Facility Inspection Notice" form.				
MA.I =		Misc. or violation C	UT =	Out of	compliance COS = Corrected on-site				
		(Print): Voua Xi		2 21 91	Received by (Signature):	Date: 10/02/2024			
REHS (Print): REHS (Signature): Phone:									
(Chalyn Dewey 530-841-2112								

Facility Name:	Chevron - Hornbrook	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date:	
	oua Xiong	10/02/2024
REHS (Print):	REHS (Signature): Phone	944 9449
Chalyn D	Dewey 530	-841-2112

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