



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: Miner Perk	Permit # 000326
Address: 1573 S Main St., Yreka, CA 96097	
Permit Holder: Miner Perk	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: (530) 842-7646	E-mail: marcusrobinson1941@yahoo.com
Food Safety Certified Employee: Alexis Spencer	Expiration Date: 12/2028

		MAJ	OUT	COS		
					The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; margin: 0;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>2, 9) Observed liquid waste pooling inside the cabinet of the undercounter refrigerator condenser/refrigerant system next to warewashing sinks. Observed wash cloths placed on bottom to absorb liquid discharge. Observed bagels stored below drip area. Maintain unit in good repair and fully serviceable. Move bagels to another refrigerator until unit has been serviced. Repair or correct within 90 days.</p> <p>19) Observed an employee drinking from an opened beverage in the food prep area. Employees may drink from closed beverage container and if container is handled to prevent contamination of food prep surfaces. Corrected during inspection.</p> <p>14) Observed the Hamilton Beach microwave's internal lining damaged and unserviceable. Maintain equipment in good repair and not a source of contamination. Repair, replace, or correct within 90 days.</p> <p>14) Observed 2 pass-thru windows opening greater than 432 sq. in., not self-closing, and without air-curtains. Ensure pass-thru windows are equipped with a self-closing device and windows with a service opening of 432 sq. in. requires an installation of an air curtain. At minimum, install an air curtain within 90 days. 2ND NOTICE.</p> <p style="text-align: center;">A REINSPECTION FEE WILL BE ASSESSED ON FUTURE NON-COMPLIANCE.</p> <p>25) Observed numerous flies in the facility. Ensure facility is constructed, equipped, maintained, and operated as to prevent the entrance of insects. Correct immediately.</p> <p>36) Observed facility is disposing mopped liquid waste onto the back driveway or parking lot. Observed no mop sink at the facility. All liquid waste must be disposed of into an approved sewage system. Discontinue discharging liquid waste into the driveway and utilized the toilet to dispose of waste.</p> <p style="margin-top: 20px;">NOTE: Issued "Facility Inspection Notice" form.</p>	
	2	Prep./ Service		X		
	3	Storage/ Disp.				
	4	Frozen Food				
	5	Pure Food				
	6	Reused Food				
	7	Transportation				
Food Storage	8	Storage Fac.				
	9	Refrig. Units		X		
	10	Thermometer				
	11	Hazardous Mat.				
Uten./Equip.	12	Spoils				
	13	Wash/ Sanitize				
	14	Equip. Condition		X		
Employee	15	Utensil Condition				
	16	Storage				
	17	Handwashing				
Water	18	Employee Hygiene				
	19	Employee Habits	X	X		
	20	Food Cert./ Card				
Waste	21	Water				
	22	Cross Con.				
Vermin	23	Liquid Waste				
	24	Refuse				
Facilities	25	Rodents/ Insects		X		
	26	Animal/ Fowl				
Misc.	27	Ventilation				
	28	Doors				
	29	Floors				
	30	Walls - Ceilings				
	31	Toilet Fac.				
	32	Janitorial Fac.				
Misc.	33	Lighting				
	34	Clothing - Linen				
	35	Signs				
	36	Misc.		X		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Alexis Spencer	Received by (Signature): _____ Date: 10/09/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Miner Perk

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

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Received by (Signature):

Date:

10/09/2024

REHS (Print):

Chalyn Dewey

REHS (Signature):

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