

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: Jefferson Inn Permit # 000395 | | | | | | | | | | | |
|---|-----------|-------------------------|----------|-------------|----------|---|----------------|--|--|--|--|
| Address: 1235 S Main Street Yreka CA 96097 | | | | | | | | | | | |
| Permit Holder: Agarwal LLC, DBA Jefferson Inn Permit To Operate: Valid Not Valid | | | | | | | | | | | |
| Phone: 530-842-4412 E-mail: jefferssoninnmountainviewinn@gmail.com | | | | | | | | | | | |
| Food Safety Certified Employee: N/A Expiration Date: | | | | | | | | | | | |
| | | Contra Act | | OUT COS | l | The marked items represent Health Code violations and must be correct | ed as follows: | | | | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | | | | | | |
| | 2 | Prep./ Service | | | 1 | ROUTINE INSPECTION CONDUCTED THIS DATI | = | | | | |
| | 3 | Storage/ Disp. | | | 1 | | | | | | |
| | 4 | Frozen Food | | | 1 | | | | | | |
| | 5 | Pure Food | | | 1 | | | | | | |
| | 6 | Reused Food | | | | | | | | | |
| | 7 | Transportation | | į. |] | | | | | | |
| Food Storage | 8 | Storage Fac. | | |] | | | | | | |
| | 9 | Refrig. Units | 80 37 | i i | | NOTE: THIS FACILITY IS NOT SERVING FOOD AT THIS TIME. | | | | | |
| | 10 | Thermometer | | | | | | | | | |
| | 11 | Hazardous Mat. | | ĺ | | | | | | | |
| | 12 | Spoils | | | | | | | | | |
| Uten./Equip. | 13 | Wash/ Sanitize | 8 | Î | | | | | | | |
| | 14 | Equip. Condition | | | | | | | | | |
| ten. | 15 | Utensil Condition | | | | | | | | | |
| Ó | 16 | Storage | | | | | | | | | |
| Ф | 17 | Handwashing | | | | | | | | | |
| Employee | 18 | Employee Hygiene | | | | | | | | | |
| dw: | | Employee Habits | \sqcup | 2 | | | | | | | |
| | 1000 | Food Cert./ Card | \sqcup | | | | | | | | |
| Water | 90700 | Water | | | | | | | | | |
| > | 22 | Cross Con. | | | | | | | | | |
| Waste | | Liquid Waste | | | | | | | | | |
| > | | Refuse | | | | | | | | | |
| Vermin | | Rodents/ Insects | \vdash | | | | | | | | |
| Ne Ne | | Animal/ Fowl | | 6 | | | | | | | |
| | | Ventilation | Н | | | | | | | | |
| es | - | Doors | \vdash | | ļ | | | | | | |
| Facilities | , and the | Floors | | | ļ | | | | | | |
| Ξ. | - | Walls - Ceilings | Н | | | | | | | | |
| | 31 | Toilet Fac. | Н | | | | | | | | |
| | 32 | Janitorial Fac. | | - | - | | | | | | |
| | | Lighting Lines | | | - | | | | | | |
| Misc | - 355 | Clothing - Linen | | | - | | | | | | |
| | | Signs | | | - | | | | | | |
| MA.I = | | Misc. or violation C | UT = (| Out of cor | npliance | COS = Corrected on-site | | | | | |
| | | y (Print): | | J 31 01 001 | piidi100 | Received by (Signature): Date: | | | | | |
| Sid Agarwal 10/11/2024 | | | | | | | | | | | |
| REHS (Print): REHS (Signature): Phone: 530-841-2112 | | | | | | | 530-841-2112 | | | | |

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| The marked ite | ms represent Health Code violations and must be co | rrected as follows: |
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| Received By (Print): | Received by (Signature): | Date: |
| Sid Agarwal | | 10/11/2024 |
| REHS (Print): Chalyn Dewey | REHS (Signature): | Phone: 530-841-2112 |

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| Sid A | Agarwal | | 10/11/2024 |
| REHS (Print): Chalyn I | Dewey | REHS (Signature): | Phone: 530-841-2112 |

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| <u> </u> | Description (Company) | |
| | l Agarwal | Date: 10/11/2024 |
| REHS (Print): Chalyn [| REHS (Signature): Dewey | Phone: 530-841-2112 |