

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	Facility Name: Wendy's Permit #							
Addres	0.	1803 Ft. Jones	s Rd.,	Yreka,	96097			
Permit Holder: Riise Hospitality Group Permit To Operate: Valid Not Valid								
Phone: 530-840-9079								
Food Safety Certified Employee: Expiration Date:								
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:								
Protection Time/ Temp.	1	Food Temp.	IVIAU	001 003	The market items represent realth code violations and must be corrected as follows.			
	The same of	Prep./ Service		1	PRE-OPENING INSPECTION CONDUCTED THIS DATE			
	3	Storage/ Disp.						
		Frozen Food						
	5	Pure Food						
otec	6	Reused Food			This facility is approved to open with the following conditions:			
Pro	7	Transportation						
4	8	Storage Fac.			-Obtain a food manager certificate within 60 days.			
rage	9	Refrig. Units			-All new employees obtain a food handler within 30 days of hire.			
Food Storage	10	Thermometer			-Obtain all licences and/or permit from all regulating agencies with jurisdictional			
poo	11	Hazardous Mat.			oversight of this facility.			
ŭ.	12	Spoils						
<u>d</u>	13	Wash/ Sanitize						
Uten./Equip.	14	Equip. Condition						
ten./	15	Utensil Condition						
Ď	16	Storage						
e	17	Handwashing						
Employee		Employee Hygiene						
Emp		Employee Habits		-				
	- COLONIA	Food Cert./ Card						
Water		Water	\vdash					
>		Cross Con.						
Waste	_	Liquid Waste	\vdash					
>	-	Refuse						
Vermin		Rodents/ Insects	\vdash					
>		Animal/ Fowl						
		Ventilation Doors	Н					
ties		Floors	Н					
Facilities		Walls - Ceilings	Н					
ш		Toilet Fac.	Н	-				
	32	Janitorial Fac.	Н					
		Lighting	Н					
22	_	Clothing - Linen						
Misc	1000	Signs	М					
	COLUMN TO SERVICE SERV	Misc.						
MAJ =			OUT = (Out of cor	npliance COS = Corrected on-site			
Received By (Print): Received by (Signature): Date: Andrew Hennan 11/04/2024								
REHS (Print): REHS (Signature): Phone: 530-841-2114								

Facility Name:	Wendy's	
	The marked items represent Health Code violations and	must be corrected as follows:
•		
Described By (B.1.0)	Descript de la (Cimantara)	Det :
Received By (Print): An	Received by (Signature): drew Hennan	Date: 11/04/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Wendy's		
		epresent Health Code violations and must be	corrected as follows:
	rew Hennan	Received by (Signature):	Date: 11/04/2024
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114

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