

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		me: Baymont I	nn &	Suit	tes	Permit # 000106					
Address: 148 Moonlit Oaks Dr., Yreka CA 96097											
Permit Holder: Permit To Operate:											
	Baymont by Wyndam Valid Not Valid										
Phone: 530-841-1300 E-mail: gm@baymontyreka.com											
Food S	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.									
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food									
tion	5	Pure Food									
otec	6	Reused Food									
<u>r</u>	7	Transportation									
a)	8	Storage Fac.									
rage	9	Refrig. Units	25 - 25 t								
Food Storage	10	Thermometer		2		SATISFACTORY AT PRESENT TIME.					
000	11	Hazardous Mat.		1.							
ш	12	Spoils		1							
Uten./Equip.	13	Wash/ Sanitize		100							
	14	Equip. Condition									
en./	15	Utensil Condition									
5	16	Storage									
Φ	17	Handwashing									
Employee	18	Employee Hygiene									
dw	19	Employee Habits									
	20	Food Cert./ Card									
Water	21	Water									
×	22	Cross Con.				NOTE: Facility is still a prepackaged food facility with no food preparation.					
Waste	23	Liquid Waste									
×	24	Refuse									
/ermin		Rodents/ Insects									
Ve	26	Animal/ Fowl		į.	2						
	27	Ventilation									
S	28	Doors									
Facilities	29	Floors									
Fa	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	$\overline{}$	Lighting									
c,	34	Clothing - Linen									
Misc	35	Signs									
		Misc.									
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
Received By (Print): Received by (Signature): Date: Cat Lascano 11/20/2024											
REHS (Print): Chalyn Dewe	эу			REHS (Signature): Phone: 530-841-2112					

Facility Name:	Baymont Inn & Suites	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature):	ite:
	at Lascano	11/20/2024
REHS (Print): Chalyn D	REHS (Signature): Ph	one: 530-841-2112

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Received By (Print): Cat	Received by (Signature): Lascano Date:	11/20/2024
REHS (Print): Chalyn I	REHS (Signature): Phone Dewey 530)-841-2112

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REHS (Print): Chalyn [REHS (Signature): Dewey	Phone: 530-841-2112