



Food Program Official Inspection Report
 SISKIYOU COUNTY PUBLIC HEALTH
 & COMMUNITY DEVELOPMENT
 806 S. Main Street
 Yreka, California 96097
 ph: (530) 841-2100, fax: (530) 841-4076

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|--|--|
| Facility Name: Subway | CMHC# 100361 |
| Address: 150 Mergen Way, Mount Shasta CA | |
| Permit Holder: Peppas Family Enterprise Inc | Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: 926-1339 | E-mail: |
| Food Safety Certified Employee: Mellise Johnson | Expiration Date: 8/2023 |

| | | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: |
|------------------------|----------------------|-----|-----|-----|---|
| Protection Time/ Temp. | 1 Food Temp. | | X | X | <p align="center">Routine Inspection Conducted This Date.</p> <p>1) observed cheese @ 54°F. keep all cold food @ 41°F or colder. Dairy may be held @ 45°F or colder. Voluntarily Discarded.</p> |
| | 2 Prep./ Service | | | | |
| | 3 Storage/ Disp. | | | | |
| | 4 Frozen Food | | | | |
| | 5 Pure Food | | | | |
| | 6 Reused Food | | | | |
| | 7 Transportation | | | | |
| Food Storage | 8 Storage Fac. | | | | |
| | 9 Refrig. Units | | | | |
| | 10 Thermometer | | | | |
| | 11 Hazardous Mat. | | | | |
| | 12 Spoils | | | | |
| Uten./Equip. | 13 Wash/ Sanitize | | | | |
| | 14 Equip. Condition | | | | |
| | 15 Utensil Condition | | | | |
| | 16 Storage | | | | |
| Employee | 17 Handwashing | | | | |
| | 18 Employee Hygiene | | | | |
| | 19 Employee Habits | | | | |
| | 20 Food Cert./ Card | | | | |
| Water | 21 Water | | | | |
| | 22 Cross Con. | | | | |
| Waste | 23 Liquid Waste | | | | |
| | 24 Refuse | | | | |
| Vermir | 25 Rodents/ Insects | | | | |
| | 26 Animal/ Fowl | | | | |
| Facilities | 27 Ventilation | | | | |
| | 28 Doors | | | | |
| | 29 Floors | | | | |
| | 30 Walls - Ceilings | | | | |
| | 31 Toilet Fac. | | | | |
| | 32 Janitorial Fac. | | | | |
| | 33 Lighting | | | | |
| Misc. | 34 Clothing - Linen | | | | |
| | 35 Signs | | | | |
| | 36 Misc. | | | | |

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

| | | |
|-------------------------------------|---|----------------------------|
| Received By (Print): MELISSA | Received by (Signature): <i>[Signature]</i> | Date: 2-14-22 |
| REHS (Print): Rick Florendo | REHS (Signature): <i>[Signature]</i> | Phone: 530-841-2114 |