



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

Facility Name: Subway CMHC# _____
 Address: 86 N. Weed Blvd, Weed CA
 Permit Holder: Pappas Family Enterprise Permit To Operate: Valid Not Valid
 Phone: 938-1492 E-mail: _____

Food Safety Certified Employee: Shelly Pappas Expiration Date: 8/2025

		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1 Food Temp.				<i>Routine Inspection Conducted This Date</i>
	2 Prep./ Service				
	3 Storage/ Disp.				
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				<i>Satisfactory at present time.</i>
	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): M. W. Smith Received by (Signature): [Signature] Date: 3-16-22
 REHS (Print): Rick Florendo REHS (Signature): [Signature] Phone: 530-841-2114