

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: MAYTEN'S STORE CMHC# | | | | | | | | 100222 | |
|--|---|--------------------------------|--------|------------|------|--|-------------|--------------|--|
| Address: 7126 HWY 12 MONTAGUE, CA | | | | | | | | | |
| Permit Holder: STEVE AND SHEPPI POCK Permit To Operate: | | | | | | | | | |
| □ □ Not Valid | | | | | | | | | |
| Phone: 459-3011 E-mail: steverock183@yahoo.com | | | | | | | | | |
| steverock183@yahoo.com Expiration Date: TERESA LEAHY 3/2024 | | | | | | | | | |
| | | | MAJ | IAJ OUT CO | | TERESA LEAHY | - , | | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | | | | |
| | 2 | Prep./ Service | | | | ROUTINE INSPECTION CONDUCTED ON TH | HIS D | DATE. | |
| | 3 | Storage/ Disp. | | | | | | | |
| | 4 | Frozen Food | | | | | | | |
| | 5 | Pure Food | | | | | | | |
| | 6 | Reused Food | | | | OBSERVED HOT DOG ROLLER BEING UTILIZED. | | | |
| | | Transportation | | | | OBSERVED 3 COMPARTMENT SINK AND HAND SINK INSTALLED | | | |
| Food Storage | | Storage Fac. | | | | | | | |
| | 9 | Refrig. Units | | | | AND BEING UTILIZED. | | | |
| | 10 | Thermometer | | | | | | | |
| | 11 | Hazardous Mat. | | | | FACILITY IS INSTRUCTED TO SUBMIT SPECIFICATIONS OF ALL NEW | | | |
| | 12 | Spoils | | | | | | | |
| Uten./Equip. | _ | Wash/ Sanitize | | | | EQUIPMENT/APPLIANCES PRIOR TO PURCHASING/INSTAI | LING | IN | |
| | 14 | Equip. Condition | | | | | | | |
| | 15 | Utensil Condition | | | | THE FACILITY. | | | |
| | 16 | Storage | | | | | | | |
| Employee | | Handwashing | | | | | | | |
| | | Employee Hygiene | | | | | | | |
| | | Employee Habits | | | | | | | |
| | | Food Cert./ Card | | |] | FACILITY IS INSTRUCTED TO CONTACT THIS DEPARTMENT | <u> FOR</u> | APPROVAL AND | |
| Water | | Water | | | | | TANOT | | |
| | 22 | Cross Con. | | | | THE REQUIREMENTS TO PREPARE HOT FOODS IN COMPL | IANCE | E WITH THE | |
| Waste | | Liquid Waste | | | | CALIFORNIA HEALTH CODE BY SUBMITTING A PLAN CHEC | к то | THIS DEPT | |
| Vermir W | | Refuse | | | | | | | |
| | _ | Rodents/ Insects | | | | | | | |
| > | | Animal/ Fowl | | | | | | | |
| Facilities | | Ventilation Doors | | | | PLAN CHECK APPLICATION WILL BE EMAILED | то с | WNER. | |
| | | | | | | | | | |
| | | Floors Walls - Ceilings | | | | | | | |
| | | - | | | | | | | |
| | | Toilet Fac. Janitorial Fac. | | | | | | | |
| | | | | | | | | | |
| Misc. | | Lighting Clothing - Linen | | | | | | | |
| | | Signs | | | | | | | |
| | | Misc. | | | | | | | |
| MAJ = | | | UT = (| Dut of | comp | liance COS = Corrected on-site | | | |
| Received By (Print): GINGER WHITE Received by (Signature): REHS (Print): REHS (Signature): REHS (Signature): REHS (Signature): Phone: 841 0110 | | | | | | | | | |
| REHS (| REHS (Print): REHS (Signature): Phone: 841-2112 | | | | | | | | |