

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: CMHC#						CMHC#	
YREKA COMMUNITY CENTER Address: 810 N OREGON ST YREKA, CA 96097							
Permit Holder: Permit To Operate: MADRONE HOSPICE Permit To Operate: Not Valid							
Phone: 530-841-2365 E-mail: sara@madronehospice.org Expiration Date:							
MAJ OUT COS					JESSICA AVERY	12/21	
Protection Time/ Temp.	1	Food Temp.					
	2	Prep./ Service			ROUTINE INSPECTION CONDUCT	ED ON THIS DATE.	
	3	Storage/ Disp.					
	4	Frozen Food					
	5	Pure Food					
	6	Reused Food			ALL FOOD HANDLING IS SATISFAC	TORY AT PRESENT TIME.	
	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		Handwashing					
	-	Employee Hygiene					
	_	Employee Habits					
	-	Food Cert./ Card					
Water	-	Water					
	-						
Vermir Waste	-	Liquid Waste					
	-	Refuse					
	-	Rodents/ Insects					
	26	Animal/ Fowl					
Facilities	-	Ventilation					
	-	Floors					
	30	Walls - Ceilings					
	-	Toilet Fac.					
	32	Janitorial Fac.					
		Lighting					
Misc.	34	Clothing - Linen					
		Signs					
		Misc.					
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature) Date:							
Received By (Print): JESSICA AVERY REHS (Print): Received by (Signature): Received by (Signature): Received by (Signature): Phone: Phon							
	ZAKIYA RAHH 841-2112						

Last modified 1/28/2011