

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: MC DONALDS CMHC# 100232 | | | | | | | | 100232 | | |
|---|----|-------------------|------|--------|--|---|-----------------|-------------|--|--|
| Addre | | | | | | RD. YREKA, CA 96097 | | | | |
| Permit Holder: MARILYN YAWNICK Permit To Operate: Not Valid | | | | | | | | | | |
| Phone: 842-5179 E-mail: SAMANTHA.FERGUSON@MCDBEAU.ME | | | | | | | | | | |
| Food Safety Certified Employee: SAMANTHA FERGUSON Expiration Date: 9/2022 | | | | | | | | | | |
| MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows: | | | | | | | | | | |
| e Protection Time/ Temp. | 1 | Food Temp. | | | | | | | | |
| | 2 | Prep./ Service | | X | | ROUTINE INSPECTION CONDUCTED | ON THIS I | DATE. | | |
| | 3 | Storage/ Disp. | | | | | | | | |
| | 4 | Frozen Food | | | | | | | | |
| | 5 | Pure Food | | | | 2. OBSERVED SANITIZER SOLUTION BELOW 200PPM | | | | |
| | 6 | Reused Food | | | | | | | | |
| | 7 | Transportation | | | | FACILITY IS INSTRUCTED TO UTILIZE TES | ST STRIPS | | | |
| | 8 | Storage Fac. | | | | | | | | |
| Food Storage | 9 | Refrig. Units | | | | FREQUENTLY TO ENSURE SANITIZER BUCKETS ARE IN | | | | |
| | 10 | Thermometer | | | | TREQUENTED TO ENSURE SANTIZER BUCKETS ARE IN | | | | |
| | 11 | Hazardous Mat. | | | | COMPLIANCE. CORRECTED DURING INSPECTION | | | | |
| | 12 | Spoils | | | | COMPLIANCE. CONNECTED DONING INS | FECTION | | | |
| Uten./Equip. | 13 | Wash/ Sanitize | | X | | | | | | |
| | 14 | Equip. Condition | | | | | | | | |
| | 15 | Utensil Condition | | | | | | I IN A IN I | | |
| | 16 | Storage | | | | 13. OBSERVED SPILLS/SPLASHES OF SYI | RUP ON CI | LEAN | | |
| Employee | _ | Handwashing | | | | UTENSILS. | | | | |
| | 18 | Employee Hygiene | | | | FACILITY IS INSTRUCTED TO CLEAN SPILE | LS AND U' | rensils | | |
| | | Employee Habits | | | | | | | | |
| | 20 | Food Cert./ Card | | | | SOON AFTER THE SPILL OCCUR. CORREC | <u> TED DUR</u> | ING | | |
| Water | | Water | | | | | | | | |
| | | Cross Con. | | | | INSPECTION. | | | | |
| r Waste | | Liquid Waste | | | | | | | | |
| | | Refuse | | | | | | | | |
| Vermin | | Rodents/ Insects | | | | | | | | |
| Š | | Animal/ Fowl | | | | | | | | |
| Facilities | | Ventilation | | | | | | | | |
| | | Doors | | | | | | | | |
| | | Floors | | | | | | | | |
| | | Walls - Ceilings | | | | | | | | |
| | | Toilet Fac. | | | | | | | | |
| | | Janitorial Fac. | | | | | | | | |
| Misc. | | Lighting | | | | | | | | |
| | | Clothing - Linen | | | | | | | | |
| | | Signs | | | | | | | | |
| MA I = | | Misc. | IT - | Out of | | liance COS = Corrected on-site | | | | |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): SUNSHINE CROSS Received by (Signature): Date: 8/15/2022 | | | | | | | | | | |
| REHS (Print): ZAKIYA RAHH REHS (Signature): Phone: 841-2112 | | | | | | | | | | |
| | | | | | | | | | | |