



**Food Program Official Inspection Report**  
 SISKIYOU COUNTY  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 Environmental Health Division  
 806 S. Main Street  
 Yreka, California 96097  
 ph: (530) 841-2100, fax: (530) 841-4076

|   |    |                   |     |   |     |   |
|---|----|-------------------|-----|---|-----|---|
| Facility Name: <u>MEAN GENE'S (76 Gas station)</u>  |    |                   |     | CMHC# <u>100234</u>   |     |   |
| Address: <u>6737 HWY 3 GREENVIEW, CA</u>  |    |                   |     |   |     |   |
| Permit Holder: <u>MARUTI FT. JONES OIL INC</u>  |    |                   |     | Permit To Operate:<br><input type="checkbox"/> Valid <input type="checkbox"/> Not Valid |     |   |
| Phone: <u>530-468-5427</u>  |    | E-mail:           |     |   |     |   |
| Food Safety Certified Employee: <u>Nelly Godina</u>   |    |                   |     | Expiration Date: <u>3/2024</u>  |     |   |
| The marked items represent Health Code violations and must be corrected as follows:   |    |                   |     |   |     |   |
| Protection Time/ Temp.  | 1  | Food Temp.        | MAJ | OUT   | COS | <p align="center">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Deli sandwich cooler 49°F must be 41°F or below. Food moved to deli case</p> <p>2) Hot dog roller 126°F must be 135°F or above. Food voluntarily discarded</p> |
|   | 2  | Prep./ Service    |     | X   |     |   |
|   | 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            |     |   |     |   |
| Utens./Equip.   | 13 | Wash/ Sanitize    |     |   |     |   |
|   | 14 | Equip. Condition  |     | X   |     |   |
|   | 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            |     |   |     |   |
| Vermis  | 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<br>Received By (Print): <u>Nelly Godina</u> Received by (Signature): <u>Nelly Godina</u> Date: <u>11/16/22</u><br>REHS (Print): <u>David Jackson</u> REHS (Signature): <u>[Signature]</u> Phone: <u>530-841-2114</u><br><span style="float: right;">Rick</span> |    |                   |     |   |     |   |