



### Food Program Official Inspection Report

Siskiyou County Community Development Department  
 Environmental Health Division  
 806 S. Main Street  
 Yreka, California 96097  
 phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: <b>Arby's</b>	Permit #
Address: <b>1813 Fort Jones Rd Yreka CA 96097</b>	
Permit Holder: <b>Arby's</b>	Permit To Operate: <input type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-841-7111</b>	E-mail:
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1 Food Temp.				<p><b>Follow-up Inspection Conducted On This Date</b></p> <p>17) Observed no hot water at the handwashing station in the food preparation area. Handwashing sinks shall be equipped to provide warm water within 15 seconds and temperature should reach 100 F. The valve to the hot water was turned off and was corrected on site.</p>
	2 Prep./ Service				
	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				
Uten./Equip.	13 Wash/ Sanitize				
	14 Equip. Condition				
	15 Utensil Condition				
	16 Storage				
Employee	17 Handwashing		X	X	
	18 Employee Hygiene				
	19 Employee Habits				
	20 Food Cert./ Card				
Water	21 Water				
	22 Cross Con.				
Waste	23 Liquid Waste				
	24 Refuse				
Vermin	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): <b>kathleen butterfly</b> Received by (Signature):     Date: <b>6/1/2023</b>
REHS (Print): <b>Alexa Roche</b> REHS (Signature):     Phone: <b>530-841-2117</b>

**Facility Name:**

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):

Received by (Signature):

Date:

REHS (Print):

REHS (Signature):

Phone:

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