

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	Na	me: Raley's				Permit # 100297					
Addres	ss:	1842 Ft Jones	Rd	Yrek	a C	A 96097					
Permit		der:				Permit To Operate:					
		Raley's				Valid Not Valid					
Phone	5	530-842-4307				E-mail:					
Food S	afet	ty Certified Employ	ee: -	Fravi	s Sto	oltenburg Expiration Date: 04/2028					
	MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
Ġ.	1	Food Temp.									
Protection Time/ Temp.	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food				17) Observed carts obstructing access to the hand washing stations in the Deli and					
tion	5	Pure Food				Meat Process. A hand washing facility shall be clean, unobstructed, and accessible at					
otec	6	Reused Food				all times for employee use. Corrected on-site.					
P	7	Transportation									
е	8	Storage Fac.									
Food Storage	9	Refrig. Units									
	10	Thermometer									
		Hazardous Mat.									
	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
Iten.		Utensil Condition									
\supset	16	Storage									
96		Handwashing		X	X						
Employee		Employee Hygiene									
Emp		Employee Habits									
		Food Cert./ Card									
Water		Water									
S S		Cross Con.									
Waste	_	Liquid Waste Refuse									
		Rodents/ Insects									
Vermin		Animal/ Fowl									
>		Ventilation									
		Doors									
Facilities		Floors									
-acil		Walls - Ceilings									
		Toilet Fac.									
		Janitorial Fac.									
	33	Lighting									
, i		Clothing - Linen									
Misc.	35	Signs									
		Misc.									
			UT =	Out	of con	apliance COS = Corrected on-site					
Receive	ed By	(Print): Travis S	Stolte	enbu	rg	Received by (Signature): Date: 6/6/2023					
REHS (Print): Alexa Roche)			Phone: 530-841-2117					

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Last modified 4/12/2023

Facility Name:	Raley's	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date: avis Stoltenburg	6/6/2023
REHS (Print):	REHS (Signature): Phone	

530-841-2117

Alexa Roche

Facility Name:	Raley's		
	The marked items re	present Health Code violations and must b	e corrected as follows:
		•	
<u> </u>		Described by (O'mesture)	
	ris Stoltenburg	Received by (Signature):	Date: 6/6/2023
REHS (Print): Alexa R	oche	REHS (Signature):	Phone: 530-841-2117

Facility Name:	Raley's			
	The marked items represe	nt Health Code violations and must	be corrected as follows:	
	vis Stoltenburg	Received by (Signature):	Date: 6/6/2023	
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117	