

## **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: Yreka Lanes Permit # 000489												
Address: 1601 S Oregon St Yreka CA 96097												
Permit	Permit Holder: Permit To Operate:											
Phone			JI I			E mail:						
	550-509-1001 Idula.S.IEdCII@gillall.COIII											
Mary Shillin												
1	4		MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:						
Protection Time/ Temp.	_	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE						
		Prep./ Service				NOOTHIE HIGH ECHOIC CONDOCTED ON THIS DATE						
	-	Storage/ Disp.				8) Observed cardboard being used as food dividers. Food storage surfaces should						
n T	_	Frozen Food				durable, smooth, non-absorbent, and easily cleanable. Remove cardboard and use						
ctic		Pure Food				approved surfaces.						
rote		Reused Food										
ш	-	Transportation										
υ	-	Storage Fac.		X								
Storage	9	Refrig. Units										
Food Sto	10	Thermometer										
		Hazardous Mat.										
	12	Spoils										
Uten./Equip.	13	Wash/ Sanitize										
	14	Equip. Condition										
ten.	15	Utensil Condition										
Ď	16	Storage										
е	17	Handwashing										
loye	18	Employee Hygiene										
Employee	_	Employee Habits										
ш	20	Food Cert./ Card										
Water	21	Water										
	22	Cross Con.										
Waste	23	Liquid Waste										
	24	Refuse										
ermin'		Rodents/ Insects										
Ver	26	Animal/ Fowl										
	27	Ventilation										
SS	28	Doors										
Facilities	29	Floors										
Fаα	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):  Mary Smith  Received by (Signature):  6/14/2023												
REHS (Print): REHS (Signature): Phone: 530-841-2117												

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Facility Name:	Yreka Lanes	
	The marked items represent Health Code violations and must be corrected as foll	ows:
•		
	· ·	
Received By (Print):	Received by (Signature):	Date:
Ma	ary Smith	6/14/2023
RFHS (Print)	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Yreka Lanes		
	The marked items r	epresent Health Code violations and must be co	orrected as follows:
Received By (Print):		Received by (Signature):	Date:
Mar	y Smith		6/14/2023
REHS (Print): Alexa R	oche	REHS (Signature):	Phone: 530-841-2117

Facility Name:	Yreka Lanes		
	The marked items rep	present Health Code violations and must be	e corrected as follows:
	y Smith	Received by (Signature):	Date: 6/14/2023
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117