

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: Relax Inn Permit # 000389													
Address: 1210 S Main Street Yreka													
Permit	Permit Holder: Permit To Operate:								437.12.1				
Phone	Rakesh Patel Phone: Foo at a STAL E-mail:												
	530-842-2791												
Food S	Safe	ty Certified Employ	′ee: N	l/A							Expiration	n Date: N /	'A
MAJ OUT COS The n						The marked ite	ms repre	sent Health (Code violatio	ons and must	be correcte	d as follow	s:
Protection Time/ Temp.	1	Food Temp.				DOLITINI	ROUTINE INSPECTION CONDUCTED ON TH					_	
	2	Prep./ Service				NOOTINE INSPECTION CONDUCTED ON			I ED ON I	HIS DAT	E		
	3	Storage/ Disp.											
	4	Frozen Food											
	5	Pure Food											
	6	Reused Food			SATISFACTORY AT PRESENT TIME								
	7	Transportation											
Food Storage	8	Storage Fac.											
	9	Refrig. Units											
	10	Thermometer											
	_	Hazardous Mat.											
		Spoils											
Uten./Equip.		Wash/ Sanitize											
	14	Equip. Condition											
Iten.	_	Utensil Condition											
)	16	Storage											
90		Handwashing											
Employee		Employee Hygiene											
Emp		Employee Habits											
		Food Cert./ Card											
Water		Water											
		Cross Con.											
Waste		Liquid Waste											
		Refuse			_								
Vermin		Rodents/ Insects			_								
>		Animal/ Fowl			4								
		Ventilation Doors	Н										
ties			Н										
Facilities		Floors Walls - Ceilings			_								
E.					_								
	_	Toilet Fac. Janitorial Fac.			-								
		Lighting Clothing - Linen	H		+								
Misc.		Signs			+								
Σ		Misc.	Н		+								
MAJ =			UT =	Out of co	mpliance	COS = Corrected	d on-site						
		y (Print): Rakesh				Received by (Sign		a		_	Date: 6/	15/2023	
REHS (Print					REHS (Signature	7		//		Phone:	30-841-2	2117
								/——ZA					

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Facility Name:	Relax Inn		
	The marked items	represent Health Code violations and must be o	corrected as follows:
Received By (Print):		Received by (Signature):	Date:
Ra	akesh Patel		6/15/2023
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117

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