



### 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>Comfort Inn</b>	Permit # <b>607984</b>
Address: <b>1804 B Fort Jones Rd</b>	
Permit Holder: <b>Vjay Kumar</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-331-8058</b>	E-mail:
Food Safety Certified Employee: <b>N/A</b>	Expiration Date: <b>N/A</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	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		X	X
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			
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.			

ROUTINE INSPECTION CONDCUTED ON THIS DATE

16) Observed HOUSEHOLD USE ONLY equipment being used to heat oatmeal. Cooking equipment need to be NSF/ANSI approved. All unapproved cooking equipment will need to be removed from the facility.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Anna Perez</b> Received by (Signature):     Date: <b>6/16/2023</b>
REHS (Print): <b>Alexa Roche</b> REHS (Signature):     Phone: <b>530-841-2117</b>

Facility Name: Comfort Inn

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

A handwritten signature in black ink, appearing to be "A. L. Smith", is centered on the page.

Received By (Print):

Received by (Signature):

Date:

REHS (Print):

REHS (Signature):

Phone:

**Facility Name:** Comfort Inn

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

[Empty space for corrections]

Received By (Print): \_\_\_\_\_ Received by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

REHS (Print): \_\_\_\_\_ REHS (Signature): \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Name:** Comfort Inn

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

[Empty area for listing health code violations and correction details]

Received By (Print): \_\_\_\_\_ Received by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

REHS (Print): \_\_\_\_\_ REHS (Signature): \_\_\_\_\_ Phone: \_\_\_\_\_