

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: Holiday Inn Express 624440									
Address: 707 Montague Rd, Yreka CA 96097									
Permit Holder: Permit To Operate: DRD Hospitality  Valid O Not Valid									
Phone: 530-842-1600 E-mail: hiexpressyreka@gmail.com									
Food S	Food Safety Certified Employee: Anna Perez Expiration Date: 01/2025								
			MAJ	OUT		The marked items represent Health Code violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.		Х	Х				
	2	Prep./ Service				Routine inspection conducted on this date.			
	3	Storage/ Disp.				1) Observed milk at 58 F. Keep all dairy at 45 F or below. Voluntarily discarded.			
	4	Frozen Food				T) Observed milk at 56 T. Reep all dairy at 45 T of below. Voluntarily discarded.			
ctior	5	Pure Food							
rote	6	Reused Food							
Ē	7	Transportation							
Ð	8	Storage Fac.							
Food Storage	9	Refrig. Units							
	10	Thermometer							
		Hazardous Mat.							
	12	Spoils							
uip.		Wash/ Sanitize							
Uten./Equip.	14	Equip. Condition							
Jten	_	Utensil Condition							
	-	Storage							
e	_	Handwashing							
Employee		Employee Hygiene							
ш		Employee Habits							
5		Food Cert./ Card Water							
Water	_	Cross Con.							
e >		Liquid Waste							
Waste		Refuse							
		Rodents/ Insects							
Vermin	_	Animal/ Fowl							
		Ventilation							
	-	Doors							
Facilities		Floors							
aci		Walls - Ceilings							
	31	Toilet Fac.							
		Janitorial Fac.							
	33	Lighting							
Misc.		Clothing - Linen							
	35	Signs							
		Misc.							
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site									
Received By (Print): Received by (Signature): Amber Calvery									
REHS (Print): REHS (Signature): Phone: 530-841-2117									

Facility Name:	Holiday Inn Express			
	The marked items re	present Health Code violations and	must be corrected as follows:	
		•		
Received By (Print):		Received by (Signature):	Date:	
	mber Calvery		Date.	6/14/2023
			-	
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phon 53	e: 0-841-2117
			53	0-041-2117
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	The marked items represent I	Health Code violations and must be corrected as follow	vs:
		х	
Received By (Print):	Ro	ceived by (Signature):	Date:
Amb	per Calvery		6/14/2023
REHS (Print):		EHS (Signature):	Phone:
Alexa R	oche	(	530-841-2117
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	ber Calvery	6/14/2023
REHS (Print):	REHS (Signature):	Phone:
Alexa R	oche	530-841-2117