

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: Chevron N	/lcCld	oud		Permit # 000312			
Address: 117 Squaw Valley Rd., McCloud, CA, 96067									
Permit Holder: Mt. Counties Supply Co. Permit To Operate: O Valid O Not Valid									
Phone: 530-964-2232 E-mail: mccloudchevron@mtcounties.com									
Food S	Food Safety Certified Employee: Expiration Date:								
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:			
emp.	1	Food Temp.		X					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE			
L/ət	3	Storage/ Disp.							
Tin	4	Frozen Food				1) Observed cold sandwiches held @ 45 degrees F in the reach in refrigeration unit.			
ction	5	Pure Food				Hold all cold food @41 degrees F or colder. Repair or replace refrigeration unit to			
otec	6	Reused Food				ensure that it is holding cold foods at the approved temperature.			
Pr	7	Transportation				20) Food was a satisfacto hold in an law washing at this facility. Obtain a way food			
Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	8	Storage Fac.				20) Food manager certificate hold is no long working at this facility. Obtain a new for manager certificate within 60 days.			
	9	Refrig. Units				manager certificate within 60 days.			
	10	Thermometer				36) Facility is operating without a current Health Permit. Obtain a current Health Permit			
		Hazardous Mat.				to avoid future closure within 7 days.			
0000	12	Spoils							
Uten./Equip.	13	Wash/ Sanitize							
	14	Equip. Condition	\sqcup						
Jten.		Utensil Condition	\sqcup						
5		Storage	\sqcup						
99		Handwashing	\sqcup						
ploy	Section 2	Employee Hygiene							
Em		Employee Habits	$\vdash \vdash$	~					
<u>_</u>	Zaman Y	Food Cert./ Card	\vdash	×					
Vate	22	Water Cross Con.	\vdash						
o <			\vdash						
Vast	200	Liquid Waste Refuse							
		Rodents/ Insects							
Vermin Waste Water Employee		Animal/ Fowl	\vdash						
		Ventilation							
180		Doors							
Vermin Waste	1 1	Floors	Н						
acil		Walls - Ceilings							
-		Toilet Fac.	Н						
	32	Janitorial Fac.							
	33	Lighting							
· i		Clothing - Linen							
Misc	35	Signs							
_	Conservation of the last	Misc.		X					
	_/	, , , , , , , , , , , , , , , , , , , 	UT =	Out	f com	pliance COS = Corrected on gite			
Receive	6	(Print):	レ	1	1	Received by (Signardure): Description of 106/07/2023			
REHS (Print	Rick Florence	lo		7	Phone: 530-841-2114			

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Facility Name:	Chevron McCloud		
	The marked items represent I	Health Code violations and must be corrected a	s follows:
		•	
Received By (Print):	Re	ceived by (Signature):	Date:
			06/07/2023
REHS (Print): Rick Flor	RI rendo	EHS (Signature):	Phone: 530-841-2114

Facility Name:	Chevron McCloud	
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Received By (Print):	Received by (Signature): Date	e: 06/07/2023
REHS (Print): Rick Flo	REHS (Signature): Pho	ne: 30-841-2114

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REHS (Print): Rick Flo	REHS (Signature): Phone rendo 530): D-841-2114