

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: Siskiyou County Jail 615765 | | | | | | | | | |
|---|---|-------------------------------------|-------|-----------|---|--|--|--|--|
| Address: 315 S Oregon St Yreka CA 96097 | | | | | | | | | |
| Permit | Permit Holder: Permit To Operate: | | | | | | | | |
| Siskiyou County | | | | | | | | | |
| Phone | Phone: 530-842-8173 E-mail: michelle.ward@siskiyousheriff.org | | | | | | | | |
| Food Safety Certified Employee: Michelle Ward Expiration Date: 3/2025 | | | | | | | | | |
| 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 | | | ROUTINE INSPECTION CONDUCTED ON THIS DATE | | | | |
| | 3 | Storage/ Disp. | | | | | | | |
| | 4 | Frozen Food | | | SATISFACTORY AT PRESENT TIME | | | | |
| ctior | 5 | Pure Food | | | | | | | |
| rote | 6 | Reused Food | | | | | | | |
| P | 7 | Transportation | | | | | | | |
| Ð | 8 | Storage Fac. | | | | | | | |
| oraç | 9 | Refrig. Units | | | | | | | |
| d St | 10 | Thermometer | | | | | | | |
| Food Storage | | Hazardous Mat. | | | | | | | |
| | 12 | Spoils | | | | | | | |
| uip. | | Wash/ Sanitize | | | | | | | |
| Uten./Equip. | | Equip. Condition | | | | | | | |
| Jten | - | Utensil Condition | | | _ | | | | |
| | - | Storage | | | - | | | | |
| ee | - | Handwashing | | | - | | | | |
| Employee | | Employee Hygiene | | | - | | | | |
| Em | | Employee Habits Food Cert./ Card | | | - | | | | |
| 5 | | Water | | | - | | | | |
| Water | | Cross Con. | | | | | | | |
| | | Liquid Waste | | | | | | | |
| Waste | | Refuse | | | - | | | | |
| Ē | | Rodents/ Insects | | | | | | | |
| Vermin | | Animal/ Fowl | | | | | | | |
| | | Ventilation | | | | | | | |
| | - | Doors | | | | | | | |
| Facilities | | Floors | | | | | | | |
| Faci | - | Walls - Ceilings | | | | | | | |
| | 31 | Toilet Fac. | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | |
| L | 33 | Lighting | | |] | | | | |
| ن. | | Clothing - Linen | | | | | | | |
| Misc. | 35 | Signs | | | \sim λ | | | | |
| | | Misc. | | | | | | | |
| | | |)UT = | Out of co | mpliance COS = Corrected on-site | | | | |
| Received By (Print): Chris Miller | | | | | | | | | |
| REHS (| REHS (Print): REHS (Signature): | | | | | | | | |
| | | Alexa Roche | Э | | 530-841-2117 | | | | |

| Facility Name: | Siskiyou County Jail | | | |
|----------------------|-------------------------|---|-----------------------|--|
| | The marked items repres | sent Health Code violations and must be | corrected as follows: | |
| | - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | x | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Received By (Print): | | Received by (Signature): | Date: | |
| | nris Miller | | 6/29/2023 | |
| REHS (Print): | - h - a | REHS (Signature): | Phone: | |
| Alexa Ro | ocne | | 530-841-2117 | |
| Page 2 | | | | |

| Facility Name: | Siskiyou County Jail | | |
|----------------------|--|--|----|
| | The marked items represent Health Code viola | ations and must be corrected as follows: | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ζ. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Received By (Print): | Received by (Signatu | ure): Date: | |
| Chri | is Miller | 6/29/2023 | 3 |
| REHS (Print): | REHS (Signature): | Phone: | |
| Alexa R | loche | 530-841-212 | 17 |
| Page 3 | | | |

| Facility Name: | [:] Siskiyou County Jail | | | | | |
|----------------------|-----------------------------------|-----------------------------------|----------------------------|--------------|--|--|
| | The marked items repres | ent Health Code violations and mu | ist be corrected as follow | S: | | |
| | • | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | х. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Received By (Print): | | Received by (Signature): | | Date: | | |
| | is Miller | | | 6/29/2023 | | |
| REHS (Print): | | REHS (Signature): | | Phone: | | |
| Alexa R | oche | | | 530-841-2117 | | |
| Page 4 | | | | | | |