

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: Jacks Dogs Permit # 000280								0280			
Addres	ss:	1289 S Main S	Stree	t Yre	ka C	A 96097					
Permit Holder: Sandra Nolen Permit To Operate: O Valid O Not Valid											
Phone	:	530-643-3415				E-mail: sandynolen1961@yahoo.com					
Food S	Safe	ty Certified Employ	/ee: g	Sand	ra N	olen Ex	piration Da	ote: 05/2023			
MAJ OUT COS							rrected as				
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	2	Prep./ Service									
	3	Storage/ Disp.				OC) Observed wells are signed as with saids a self-classic and a second Describer.	as windows shall be				
	4	Frozen Food				25) Observed walk-up window without a self closing screen. Passthrough service windows shall be provided with a solid or screened window. Correct within the next 30 days.					
	5	Pure Food				provided with a solid of solidened window. Solidest within the hext of at					
	6	Reused Food				30) Observed a hole in the ceiling and warped ceiling tiles. Facility is instructed to repair ceil					
	-	Transportation				soon as possible.					
Food Storage		Storage Fac.									
		Refrig. Units	<u> </u>								
		Thermometer									
		Hazardous Mat.									
_	-	Spoils									
Uten./Equip.		Wash/ Sanitize									
)./Ec		Equip. Condition									
Uter		Utensil Condition Storage									
	-	Handwashing									
yee		Employee Hygiene									
Employee	-	Employee Habits									
Ш		Food Cert./ Card									
ter	21	Water									
Water	22	Cross Con.									
ste	23	Liquid Waste									
Waste	24	Refuse									
Vermin	25	Rodents/ Insects		X							
Ver	26	Animal/ Fowl									
	27	Ventilation									
Se	28	Doors									
Facilities	29	Floors									
Fa	30	Walls - Ceilings		X							
	-	Toilet Fac.									
		Janitorial Fac.	ш								
Misc.		Lighting									
		Clothing - Linen									
		Signs									
ΜΔΙ		Misc.	JUT -	Out	of com	npliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date:											
		Sandra	Nole	en			08/18	3/2023			
REHS (Print): REHS (Signature): Phone: 530-841-2117											

Facility Name:	Jacks Dogs		
	The marked items re	present Health Code violations and must be	corrected as follows:
Received By (Print): Sa	ndra Nolen	Received by (Signature):	Date: 08/18/2023
REHS (Print): Alexa Ro	che	REHS (Signature):	Phone: 530-841-2117

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530-841-2117

Alexa Roche

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