



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: Speedway Express	Permit # 000357
Address: 735 N Main St Yreka CA 96097	
Permit Holder: Myobz LLC	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-842-6539	E-mail: 832@porters.us.com
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS		
					The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/ Temp.	1	Food Temp.		X	X	<p style="text-align: center; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>1) Observed sandwiches at 57 F. Keep cold foods at 41 F or below. Voluntarily discarded.</p> <p>29) Observed uncleanable breaks/tears in the flooring. Floors should durable, smooth, nonabsorbent and easily cleanable. Repair or replace within the next 90 days.</p>
	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				
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		X		
	30	Walls - Ceilings				
	31	Toilet Fac.				
	32	Janitorial Fac.				
	33	Lighting				
Misc.	34	Clothing - Linen				
	35	Signs				
	36	Misc.				

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Kimberly Bolden Received by (Signature): _____ Date: 8/3/2023
REHS (Print): Alexa Roche REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Speedway Express

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

Received By (Print):
Kimberly Bolden

Received by (Signature):

Date:
8/3/2023

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: Speedway Express

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

Received By (Print): Kimberly Bolden Received by (Signature): Date: 8/3/2023

REHS (Print): Alexa Roche REHS (Signature): Phone: 530-841-2117

Facility Name: Speedway Express

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): Kimberly Bolden Received by (Signature): Date: 8/3/2023

REHS (Print): Alexa Roche REHS (Signature): Phone: 530-841-2117