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: Chevron Mountain View Station Permit # 000355								
Addres	ss:	82 E. Vista Dri						
Permit Holder: Paul Randhawa Paul Randhawa Permit To Operate: O Valid O Not Valid								
Phone: 530-938-1392 E-mail: mtviewchevron@mtcounties.com								
Food S		ty Certified Employ	ee:	N/	٨	Expiration Date:		
			MAJ		cos	The marked items represent Health Code violations and must be corrected as follows:		
	1	Food Temp.	IVIAJ	001	003	The marked items represent riealth Code violations and must be corrected as follows.		
Temp		Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE.		
		Storage/ Disp.						
Ĭ		Frozen Food				14, 17) Facility was instructed to repair the leaking faucet on the hand washing sink		
L uoi	5	Pure Food				located in the warewashing/food prep area. Instead of the fixing the faucet, the facility		
tect	6	Reused Food				completely removed the hand washing sink and employees have been using the hand		
Pro	7	Transportation				washing sink located in the bathrooms. This is not permitted.		
	-	Storage Fac.				The facility must have a hand washing sink that is conveniently located, and it cannot be located inside the bathroom.		
age	9	Refrig. Units				located inside the pathloom.		
Food Storage		Thermometer	<u> </u>			Replace/reinstall the hand washing sink within 7 days. Non-compliance will result in		
poc	11	Hazardous Mat.				potential reinspection fees, an administrative hearing, and/or permit revocation.		
й	12	Spoils				40) 01		
j.	13	Wash/ Sanitize		X	X	13) Observed zero sanitizer dispensed from the mixer at the 3-comp sink. Further investigation revealed that the sanitizer bottle is completely empty. Facility is required		
≓qui	14	Equip. Condition		X		to maintain sanitizer at 200 ppm Quat for proper sanitation of wares and surfaces.		
Uten./Equip.	15	Utensil Condition				Obtain and utilize test strips to ensure that the machine is dispensing the proper		
ž	16	Storage				concentration of sanitizer.		
(I)	17	Handwashing		X				
Employee	18	Employee Hygiene						
mp	19	Employee Habits						
Ш	20	Food Cert./ Card						
Water	21	Water						
Wa	22	Cross Con.						
Waste	23	Liquid Waste						
N N	24	Refuse						
Vermin	25	Rodents/ Insects						
\e_	26	Animal/ Fowl						
	27	Ventilation						
es	28	Doors	ш					
-acilities	_	Floors						
Fa	30	Walls - Ceilings						
		Toilet Fac.						
	-	Janitorial Fac.	ш					
		Lighting	ш					
Misc.		Clothing - Linen						
Ĕ		Signs	Н					
MAL		Misc. or violation C	MIT .	Out	of co-	ppliance COS = Corrected on-site		
		or violation C y (Print):)UI =	Out (חטט וע	pliance COS = Corrected on-site Received by (Signature): Date:		
Michael Harker 09/21/2023								
REHS (Print): REHS (Signature): Phone: 53(REHS (Signature): Phone: 530-841-2114		

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Facility Name:	Chevron Mountain View Station	
	The marked items represent Health Code violations and must be c	orrected as follows:
	Described by 70° months of	
Received By (Print): Mi	Received by (Signature): chael Harker	Date: 09/21/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Chevron Mountain Vie	w Station								
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	ael Harker	Received by (Signature):	Date: 09/21/2023							
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114							

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Michael Harker		09/21/2023
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