## 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: South Weed Valero Permit # 000432                                 |                   |      |       |       |  |  |  |
|---|---|-------------------|------|-------|-------|--|--|--|
| Addres  | ss:   | 1926 Shastina     | Dr.  | Wee   | d, C  | A 96094  |  |  |
| Permit Holder: Permit To Operate:   |   |                   |      |       |       |  |  |  |
| Phone   |   | Dennis Eric       | CKSO | n     |       | ● Valid  |  |  |
|   | 0   | 30-938-3605       |      |       |       | E-111dii.  |  |  |
| Food S  | Food Safety Certified Employee: Teresa Ecklund Expiration Date: 10/2022 |                   |      |       |       |  |  |  |
|   |   |                   | MAJ  | OUT   | COS   | The marked items represent Health Code violations and must be corrected as follows:  |  |  |
| p.  | 1   | Food Temp.        |      | X     | X     | ROUTINE INSPECTION CONDUCTED THIS DAY  |  |  |
| Гет   | 2   | Prep./ Service    |      |       |       | Need in the factor of the second of the seco |  |  |
| Protection Time/ Temp.  | 3   | Storage/ Disp.    |      |       |       |  |  |  |
|   | 4   | Frozen Food       |      |       |       | 1) Observed hot dog in hot holding plate measured between 125-130 degree F. Hold   |  |  |
|   | 5   | Pure Food         |      |       |       | hot fold at 135F or above at all times. Voluntarily discarded.   |  |  |
|   | 6   | Reused Food       |      |       |       | 13) Observed slimy build-up inside ice machine. Empty ice, clean, and sanitize in  |  |  |
|   | 7   | Transportation    |      |       |       | accordance with manufacture's instructions before further use.   |  |  |
| an.   | 8   | Storage Fac.      |      |       |       |  |  |  |
| ıragı   | 9   | Refrig. Units     |      |       |       | 14) Observed domestic bucket in walk-in refrigerater used to transfer ice into soda  |  |  |
| ood Sto   | 10  | Thermometer       |      |       |       | machine. All equipment used in this facility should be commercial and ANSI certified.  |  |  |
| ,<br>ood  | 11  | Hazardous Mat.    |      |       |       | Remove/replace asap.   |  |  |
| ш   | 12  | Spoils            |      |       |       | 13) Observed build-up around the mouth of the milkshake machine. Sanitize these  |  |  |
| Equip.  | 13  | Wash/ Sanitize    |      | X     |       | surface daily. Correct immediately.  |  |  |
|   | 14  | Equip. Condition  |      | X     |       |  |  |  |
| en./  | 15  | Utensil Condition |      |       |       | 20) Observed food manager card has expired on 10/2022. Obtain a valid food manager   |  |  |
| Ųŧ  | 16  | Storage           |      |       |       | certification within 60 days.  |  |  |
| Φ   | 17  | Handwashing       |      |       |       | 29) Observed broken tiles around the reach-in freezer that holds the ice. All surfaces,  |  |  |
| loye  | 18  | Employee Hygiene  |      |       |       | including floors must be smooth, durable, easily cleanable. Repair within 90 days.   |  |  |
| mp:   | 19  | Employee Habits   |      |       |       |  |  |  |
| ш   | 20  | Food Cert./ Card  |      | ×     |       |  |  |  |
| Water   | 21  | Water             |      |       |       |  |  |  |
|   | 22  | Cross Con.        |      |       |       |  |  |  |
| Vermin Waste Water Employee   |   | Liquid Waste      |      |       |       |  |  |  |
|   | 24  | Refuse            |      |       |       |  |  |  |
| min.  | 25  | Rodents/ Insects  |      |       |       |  |  |  |
| Misc. Facilities Vermin Waste Water Employee Uten /Equip. Food Storage        | 26  | Animal/ Fowl      |      |       |       |  |  |  |
|   | 27  | Ventilation       |      |       |       |  |  |  |
| Se  | 28  | Doors             |      |       |       |  |  |  |
| cilitie   | 29  | Floors            |      | X     |       |  |  |  |
| Fa  | 30  | Walls - Ceilings  |      |       |       |  |  |  |
|   | 31  | Toilet Fac.       |      |       |       |  |  |  |
|   | 32  | Janitorial Fac.   |      |       |       |  |  |  |
|   | 33  | Lighting          |      |       |       |  |  |  |
| Misc.   | 34  | Clothing - Linen  | Ш    |       |       |  |  |  |
|   | 35  | Signs             | Щ    |       |       |  |  |  |
|   |   | Misc.             |      |       | ,     |  |  |  |
|   |   |                   | )U[= | Out c | t com | ppliance COS = Corrected on-site   |  |  |
| Received By (Print): Received by (Signature): Date:  Kristi Massey 09/22/2023 |   |                   |      |       |       |  |  |  |
| REHS (Print): REHS (Signature): Phone: 530-841-2112                           |   |                   |      |       |       |  |  |  |

| Facility Name:       | South Weed Valero   |                    |
|----------------------|---|--------------------|
|                      | The marked items represent Health Code violations and must be corrected as follows: |                    |
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| Received By (Print): | Received by (Signature): Dat  |                    |
| REHS (Print):        | risti Massey  REHS (Signature): Pho   | 09/22/2023<br>one: |
| Chalyn D             | Dewey 5   | 30-841-2112        |

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| Received By (Print):    | Received by (Signature):  | Date:                  |
|                         | ti Massey   | 09/22/2023             |
| REHS (Print):<br>Chalyn | REHS (Signature): Dewey   | Phone:<br>530-841-2112 |

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| Received By (Print):      | Received by (Signature):  | ate:                  |
|                           | sti Massey  | 09/22/2023            |
| REHS (Print):<br>Chalyn [ | REHS (Signature):   | none:<br>530-841-2112 |