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: WEED CHEVRON 000475											
Address: 12 SOUTH WEED BLVD. WEED, CA											
Permit Holder: Permit To Operate:											
	MOUNTAIN COUNTIES SUPPLY Valid Not Valid										
Phone: 530-938-4529 E-mail:											
Food Safety Certified Employee: NA Expiration Date:											
		MAJ OUT COS				The marked items represent Health Code violations and must be corrected as follows:					
ġ	1	Food Temp.		Х	Х						
Protection Time/ Temp.	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	3	Storage/ Disp.									
Tirr	4	Frozen Food				1) Observed microwave-able burgers held at 42-49 degrees F on the	top second and				
tion	5	Pure Food				third of the reach-in refrigerator. Keep all cold food at 41 degrees F or below. N food to a working refrigeration unit asap.					
otect	6	Reused Food									
Pr	7	Transportation				4) Observed cold feed measuring at 50,00 downers 5 in much in which we the	rige retion whit I ledd				
0	8	Storage Fac.				 Observed cold food measuring at 50-63 degrees F in reach in refrigeration unit. I all cold food at 41 degree F or below. Voluntarily discarded and corrected on site. 					
rage	9	Refrig. Units				 1) Observed dairy products (milk, cheese, and etc) temp. between 50-62 degrees F o 					
Food Storage	10	Thermometer	1								
poc	11	Hazardous Mat.				the top and middle row reach-in refrigerator. Hold all dairy product temp. at 45 degr					
ц	12	Spoils				or below. Voluntarily discarded and corrected on site.					
d	13	Wash/ Sanitize				14) Observed reach-in refrigerator not properly holding cold and or dairy food to temperature. Hold cold food at 41F or below and dairy food at 45F or below. Move	hairy food to				
Uten./Equip.	14	Equip. Condition		Х							
en./I	15	Utensil Condition				cold and dairy food to a working refrigeration unit or eliminate stacking cold and					
Ť	16	Storage				 products. Repair reach-in refrigeration unit within 60 days. 14) Observed build-up of dust on the compressor shield in the walk-in refrigerate all food in safe manner to protect from contamination and dust. Correct asap. 17) Observed handwashing sink in the back without any soap in dispenser, page 	с ,				
۵.	17	Handwashing		X							
Employee	18	Employee Hygiene									
du	19	Employee Habits					ou asap.				
ш	20	Food Cert./ Card					penser, paper towel,				
Water	21	Water				or single-use towel dispenser. A complete handwashing facility incluin	des warm water,				
	22	Cross Con.				soap in dispenser, and single-use towel or heated-air hand drying de					
Waste	23	Liquid Waste				must have a hand washing sink that is conveniently located, and it ca inside the bathroom.	annot be located				
Wa	24	Refuse									
Vermin	25	Rodents/ Insects				29) Observed broken tiles around the check-out area in front of cash	ier. Floors should				
Ver	26	Animal/ Fowl				be smooth, durable, cleanible, and non-absorbant. Correct within 90	days.				
	27	Ventilation				1					
s	28	Doors									
Facilities	29	Floors		\times							
Fac	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
ů.	34	Clothing - Linen									
Misc.	35	Signs									
		Misc.									
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Receiv	ea By	(Print): Paul Sh	nedd			Received by (Signature): Date: 09	/22/2023				
REHS (Print): REHS (Signature): Phone:											
Chalyn Dewey 530-841-2112											

Last modified 4/12/2023

Facility Name:	WEED CHEVRON
----------------	--------------

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

۰.

Received By (Print):	Received by (Signature):	Date:
Paul Shedd		09/22/2023
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey		530-841-2112
Page 2		

Facility Name:	WEED CHEVRON
----------------	--------------

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

.

Received By (Print): Paul Shedd	Received by (Signature):	Date: 09/22/2023
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
Page 3		

Facility Name: WEED CHEVRON

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

L.

Received By (Print):	Received by (Signature):	Date:	
Paul Shedd		09/22/2023	
REHS (Print):	REHS (Signature):	Phone:	
Chalyn Dewey		530-841-2112	
Page 4			