

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	/ Na	me: Weed Co	mmu	inity	Cen	er	<sup>Permit #</sup> 000544				
Address: 161 E. Lincoln St., Weed, CA, 96094											
Permit Holder: Permit To Operate:											
Weed Parks and Recreation District   Valid  Valid  Not Valid					Valid O Not Valid						
	Phone: 530-938-4685 E-mail:										
Food	Food Safety Certified Employee: Christy Forry Expiration Date: 11/2024										
				OUT			violations and must be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CON					
	2	Prep./ Service									
	3	Storage/ Disp.									
	4	Frozen Food									
	5	Pure Food				13) Observed pink slimy build-up inside ice	machine. Empty ice, clean, and sanitize in				
	6	Reused Food				accordance with manufacture's instructions before further use.					
	7	Transportation									
۵ ۵	8	Storage Fac.									
rage	9	Refrig. Units									
Food Storage	10	Thermometer									
poo	11	Hazardous Mat.									
ш	12	Spoils									
ġ	13	Wash/ Sanitize		X							
Uten./Equip.	14	Equip. Condition									
en./	15	Utensil Condition									
Ute	16	Storage									
e	17	Handwashing									
loye	18	Employee Hygiene									
Employee	19	Employee Habits				4					
	20	Food Cert./ Card									
Water	-	Water									
		Cross Con.									
Waste		Liquid Waste									
		Refuse									
Vermin		Rodents/ Insects									
Ve	26	Animal/ Fowl									
	27	Ventilation									
es	28	Doors									
Facilities	-	Floors									
гa		Walls - Ceilings									
	31	Toilet Fac.									
1	32	Janitorial Fac.		X							
		Lighting	$\square$								
Misc.	-	Clothing - Linen									
		Signs	$\vdash$								
MA I -		Misc. or violation C	<u> </u>		of cor	pliance COS = Corrected on-site					
		y (Print):		Jui		Received by (Signature):	Date:				
		Christy	Forr	у			09/22/2023				
REHS	(Print	t): Chalum Dr	<b>.</b>			REHS (Signature):	Phone:				
		Chalyn Dew	ey				530-841-2112				

Facility Name:	e: Weed Community Center					
	The marked items represent Health Code violations and must be corrected as follows:					
	·					
Descrived Dr. (Dr. 1-1)		Received by (Signature):				
Received By (Print):	vricty Forn	Neceived by (Signatule).	Date:	00/22/2022		
	nristy Forry			09/22/2023		
REHS (Print):		REHS (Signature):	Phone			
Chalyn D	Dewey		530	)-841-2112		
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		х.		
Received By (Print):		Received by (Signature):	Da	ite:
Chri	sty Forry			09/22/2023
REHS (Print):		REHS (Signature):		one:
Chalyn I	Dewey		:	530-841-2112
Page 3				

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		Dessived by (Circuit and		Dete
Received By (Print): Chr	isty Forry	Received by (Signature):		Date: 09/22/2023
REHS (Print):	,,	REHS (Signature):		Phone:
Chalyn E	Dewey	- (- 0		530-841-2112