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	acility Name: Fairchild Medical Center Permit # 000230								
Addres	s:	444 Bruce St.	Yrek	a, C	A 96	6097			
Permit		der:		-		Permit To Operate:			
Discussion	Phone:								
550-642-6121 ext 6215 duerantos@failchlidhed.org									
Food Safety Certified Employee: Shante Tykeria Duran Expiration Date: 11/2024									
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:									
ō.	1	Food Temp.		X	X	ROUTINE INSPECTION CONDUCTED THIS DATE			
Lem	2	Prep./ Service				Noothing into Zorion Gong Got Ed Time Bitte			
_ /eu	3	Storage/ Disp.				Note: Current personnel who holds the food manager certificate is no longer employed			
otection Tin	4	Frozen Food				at the facility. Facility has been told to obtain a new food manager certificates within			
	5	Pure Food				days.			
	6	Reused Food							
P	7	Transportation							
Misc. Facilities Vermin Waste Water Employee Uten / Equip. Food Storage Protection Time/ Temp.	8	Storage Fac.		X		1) Observed cold food (portioned fruit cups/bags and cheesecakes) measuring between			
rag	9	Refrig. Units				54-58 degrees F in the self-serve, reach-in cooler. Hold cold food at 41F and dairy food			
Sto	10	Thermometer				at 45F. Voluntarily discarded.			
900 _.	11	Hazardous Mat.				8) Observed boxes of food stored on the ground in the walk-in refrigeration unit. Store			
ш [12	Spoils				all food 6 inch off the groud. Correct immediately.			
.d⊨	13	Wash/ Sanitize				· ·			
./Equip	14	Equip. Condition		X		14) Observed "HOUSEHOLD USE ONLY" equipment (rice cooker, food processors,			
en./	15	Utensil Condition				food, chopper) being in the facility. Cooking equipment need to be NSF/ANSI approved.			
Ute	16	Storage				All unapproved cooking equipment will need to be removed from the facility. Utilize only commercial NSF or ANSI certified equipment that is pre-approved by this department.			
ф	17	Handwashing				Provide a cut sheet of the equipment prior to purchasing units. Correct immediately.			
oye	18	Employee Hygiene							
dw:	19	Employee Habits				14) Observed damages to the trim around the door frame in the walk-in refrigeration.			
	20	Food Cert./ Card				Ensure all surface is smooth, easily cleanable, nonabsorbent, and durable in			
ater	21	Water	Fairchild Medic Fairchild Fairchild Fairchild Medic Fairchild Fairchild Fairchild Medic Fairchild Medic Fairchild Medic Fairchild Fairchild Fairchild Medic Fairchild Fairchild Fairchild Medic Fairchild Fairchild Fairchild Medic Fairchild Fa			construction. Correct within 90 days.			
	22	Cross Con.				29) Observed damages to floors and baseboards in the mechanical and manual			
aste	23	Liquid Waste				ware-washing, and handwashing area. Maintain these surfaces to be smooth, easily			
	24	Refuse				cleanable, nonabsorbent, and durable in construction. Correct within 90 days.			
min	25	Rodents/ Insects							
Ne Ne	26	Animal/ Fowl							
	27	Ventilation							
Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	28	Doors							
	29	Floors		X					
Fa	30	Walls - Ceilings							
	31	Toilet Fac.							
	32	Janitorial Fac.							
		Lighting							
SC.	34	Clothing - Linen	Щ						
Σ		Signs	Щ						
N40 :		Misc.		<u> </u>		OOC Corrected on eite			
)UI =	Out	or con	pliance COS = Corrected on-site Received by (Signature): Date:			
, coeive	u Dy	(i iiii).				10/06/2023			
REHS (Print): REHS (Signature): Phone:						REHS (Signature): Phone: 530-841-2112			

Facility Name:	Fairchild Medical Center	
	The marked items represent Health Code violations and must be corrected as f	ollows:
Received By (Print):	Received by (Signature):	Date:
		10/06/2023
REHS (Print):	REHS (Signature):	Phone:
Chalyn D	ewey	530-841-2112

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REHS (Print): Chalyn I	REHS (Signature): Pho Dewey 5:	ne: 30-841-2112

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