



Food Program Official Inspection Report
 SISKIYOU COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 ph: (530) 841-2100, fax: (530) 841-4076

Facility Name: <u>Scott River Lodge</u>	CMHC# <u>610045</u>
Address: <u>19432 Scott River Rd Fort Jones, CA</u>	
Permit Holder: <u>Second Wind Program J.H. Ranch</u>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <u>530-496-3167</u>	E-mail:
Food Safety Certified Employee: <u>Jacob Smith</u>	Expiration Date: <u>3/20/25</u>

		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1 Food Temp.				Routine inspection conducted This date.
	2 Prep./ Service				
	3 Storage/ Disp.				
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				Satisfactory at present Time
	9 Refrig. Units				
	10 Thermometer				
	11 Hazardous Mat.				
Uten./Equip.	12 Spoils				
	13 Wash/ Sanitize				
	14 Equip. Condition				
	15 Utensil Condition				
Employee	16 Storage				
	17 Handwashing				
	18 Employee Hygiene				
	19 Employee Habits				
Water	20 Food Cert./ Card				
	21 Water				
	22 Cross Con.				
Waste	23 Liquid Waste				
	24 Refuse				
Vermint	25 Rodents/ Insects				
	26 Animal/ Fowl				
Facilities	27 Ventilation				
	28 Doors				
	29 Floors				
	30 Walls - Ceilings				
	31 Toilet Fac.				
	32 Janitorial Fac.				
	33 Lighting				
Misc.	34 Clothing - Linen				
	35 Signs				
	36 Misc.				

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): <u>Jacob Smith</u>	Received by (Signature): <u>Jacob Smith</u> Date: <u>6/28/23</u>
REHS (Print): <u>David Jackson</u>	REHS (Signature): <u>[Signature]</u> Phone: <u>530-841-2114</u>