

## **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	<sup>me:</sup> Yreka Elk'	s Lo	dge			Permit # (	000495				
Addres		322 W Miner S			eka (	CA 96097						
Permit Holder:  Yreka Elks  Permit To Operate:  Not Valid												
Phone	:	530-842-1980				E-mail: brianfavero@cot.net						
Food S	Safe	ty Certified Employ	ee:				Expiration	Date:				
			MAJ	OUT	COS	The marked items represent Health Code violate	tions and must be corrected	as follows:				
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CO						
	2	Prep./ Service										
	3	Storage/ Disp.					20) Obtain a Food Manager Certification within the next 60 days.					
	4	Frozen Food				20) Obtain a Food Manager Certific						
	5	Pure Food										
	6	Reused Food										
	7	Transportation										
Food Storage	8	Storage Fac.										
	9	Refrig. Units										
	10	Thermometer										
		Hazardous Mat.										
	-	Spoils										
dir.		Wash/ Sanitize										
Uten./Equip.		Equip. Condition										
lten.		Utensil Condition										
)	16	Storage										
e 0		Handwashing										
oloye	-	Employee Hygiene										
Employee		Employee Habits										
		Food Cert./ Card		X								
Water		Water										
		Cross Con.										
/aste		Liquid Waste										
<u>&gt;</u>		Refuse										
Vermin Waste		Rodents/ Insects										
ž		Animal/ Fowl										
		Ventilation										
ies		Doors										
Facilities		Floors										
ш		Walls - Ceilings	Н									
	-	Toilet Fac.  Janitorial Fac.										
		Lighting Clothing - Linen										
Misc.				$\vdash$								
2		Signs Misc.		$\vdash$								
MAJ =			UT =	Out	of com	npliance COS = Corrected on-site						
Received By (Print): Received by (Signature): Date: Brian Favero 10/11/2023												
REHS (Print): REHS (Signature): Phone: 530-841-2117								0-841-2117				

Facility Name:	Yreka Elk's Lodge	
	The marked items represent Health Code violations	and must be corrected as follows:
Received By (Print):	Received by (Signature): ian Favero	Date: 10/11/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Yreka Elk's Lodge	
	The marked items represent Health Code violations and must be corrected as	follows:
	· ·	
Received By (Print): Bria	Received by (Signature): n Favero	Date: 10/11/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Yreka Elk's Lodge	
	The marked items represent Health Code violations and mus	st be corrected as follows:
	Described by (Cinner brown).	D.:
Received By (Print): Bria	Received by (Signature): an Favero	Date: 10/11/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche