## **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  | Facility Name: Chevron- Yreka Permit # 000339 |                           |               |       |         |   |  |  |  |  |
|---|---|---------------------------|---------------|-------|---------|---|--|--|--|--|
| Address: 200 N Main St., Yreka, CA 96097  |   |                           |               |       |         |   |  |  |  |  |
| Permit Holder:  Mountain Counties Supply  Permit To Operate:  O Valid  Not Valid                |   |                           |               |       |         |   |  |  |  |  |
| Phone   | 5   | 30-842-6882               |               |       |         | E-mail: yrekachevron@mtcounties.com   |  |  |  |  |
| Food Safety Certified Employee: N/A Expiration Date:  |   |                           |               |       |         |   |  |  |  |  |
| MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows: |   |                           |               |       |         |   |  |  |  |  |
| Protection Time/ Temp.  | 1   | Food Temp.                |               | X     | X       |   |  |  |  |  |
|   | 2   | Prep./ Service            |               |       |         | ROUTINE INSPECTION CONDUCTED THIS DATE  |  |  |  |  |
|   | 3   | Storage/ Disp.            |               |       |         | 1) Observed cold food in open display cooler measuring between 50-53 degrees F. Hold all cold food at 41 degress F or below. Voluntarily discarded. |  |  |  |  |
|   | 4   | Frozen Food               |               |       |         |   |  |  |  |  |
| tion  | 5   | Pure Food                 |               |       |         |   |  |  |  |  |
| otec  | 6   | Reused Food               |               |       |         | 1) Observed cold food in open display cooler measuring between 42-49 degrees F.   |  |  |  |  |
| Pr  | 7   | Transportation            |               |       |         | Hold cold food at 41F and utilized plastic screen to ensure equipment holds cold food at temperature. Corrected during inspection.                  |  |  |  |  |
| е   | 8   | Storage Fac.              |               |       |         |   |  |  |  |  |
| Food Storage  | 9   | Refrig. Units             |               |       |         | 13) Observed a buildup of slime or mold in the ice machine. Maintain all equipment in a   |  |  |  |  |
| J Stc   | 10  | Thermometer               |               |       |         | serviceable and cleanable manner. Discontinue use until unit has been washed, rinsed,   |  |  |  |  |
| -   | 11  | Hazardous Mat.            |               |       |         | and sanitized according to manufacturers instructions. Correct immediately.   |  |  |  |  |
| 4   | 12  | Spoils                    |               |       |         | 14) Observed walk-in cooler measuring temperature at 54 degrees F. Maintain   |  |  |  |  |
| ip.   | 13  | Wash/ Sanitize            |               | X     |         | equipment to be serviceable at all times. Repair within 90 days.  |  |  |  |  |
| Uten./Equip.  | 14  | Equip. Condition          |               | X     |         |   |  |  |  |  |
| ten.  | 15  | Utensil Condition         |               |       |         | 17) Observed dishes stored in the hand-washing station. Ensure hand-washing sink is   |  |  |  |  |
| Ò   | 16  | Storage                   |               |       |         | clean, unobstructed, and easily accessible at all times for employees use. Correct  |  |  |  |  |
| ie.   |   | Handwashing               |               | X     |         | immediately.  |  |  |  |  |
| loye  | 18  | Employee Hygiene          |               |       |         | 24) Observed excessive waste (plastics cups, straws, napkins) behind the trash bin, in  |  |  |  |  |
| Employee  | _   | Employee Habits           |               |       |         | the cabinet underneath the soda machine. Ensure facility and hard to reach places is  |  |  |  |  |
|   | 20  | Food Cert./ Card          |               |       |         | clean to prevent harborage of vermin. Correct immediately.  |  |  |  |  |
| Water   | _   | Water                     |               |       |         | 20) Observed healt door of the facility is oney. Keep door close at all times to prevent  |  |  |  |  |
|   | _   | Cross Con.                |               |       |         | 28) Observed back door of the facility is open. Keep door close at all times to prevent<br>entrance of insects or vermin. Correct immediately.      |  |  |  |  |
| Waste   | _   | Liquid Waste              |               |       |         |   |  |  |  |  |
|   |   | Refuse                    |               | X     |         |   |  |  |  |  |
| Vermin  |   | Rodents/ Insects          |               |       |         |   |  |  |  |  |
| Ve  |   | Animal/ Fowl              |               |       |         |   |  |  |  |  |
|   |   | Ventilation               | ш             |       |         | Note: Hand-washing station is currently located within the 3 compartment sink.  |  |  |  |  |
| es  |   | Doors                     | ш             | X     |         |   |  |  |  |  |
| Facilities  |   | Floors                    | ш             |       |         |   |  |  |  |  |
| Fa  | 30  | Walls - Ceilings          |               |       |         |   |  |  |  |  |
|   |   | Toilet Fac.               |               |       |         |   |  |  |  |  |
|   | _   | Janitorial Fac.           | ш             |       |         |   |  |  |  |  |
|   |   | Lighting                  | ш             |       |         |   |  |  |  |  |
| Misc.   |   | Clothing - Linen          | Ш             |       |         |   |  |  |  |  |
|   |   | Signs                     | Н             |       |         |   |  |  |  |  |
| MA L.   |   | Misc.<br>or violation C   |               | Out   | of com  | policance COS – Corrected on cita   |  |  |  |  |
|   |   | or violation C / (Print): | <i>,</i> 01 = | Out ( | ווטט ות | npliance COS = Corrected on-site  Received by (Signature): Date:  |  |  |  |  |
| Kandi Brooke 10/13/2023   |   |                           |               |       |         |   |  |  |  |  |
| REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112                                |   |                           |               |       |         |   |  |  |  |  |

| Facility Name: (           | Chevron- Yreka  |                    |  |  |  |  |  |  |  |  |  |
|----------------------------|---|--------------------|--|--|--|--|--|--|--|--|--|
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| REHS (Print):<br>Chalyn De | REHS (Signature): Pho   | ne:<br>30-841-2112 |  |  |  |  |  |  |  |  |  |
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