



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 Name: Pilot Travel Center #137 | Permit # 000373 |
| Address: 395 E Vista Dr., Weed, CA 96064 | |
| Permit Holder: Pilot Travel Center, LLC | Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid |
| Phone: 530-938-9600 | E-mail: store137@pilottravelcenters.com |
| Food Safety Certified Employee: Phyllis Hill | Expiration Date: 08/2024 |

| | | MAJ | OUT | COS | | |
|------------------------|----|-------------------|-----|-----|---|---|
| | | | | | The marked items represent Health Code violations and must be corrected as follows: | |
| Protection Time/ Temp. | 1 | Food Temp. | | X | X | <p style="text-align: center; font-weight: bold; font-size: 1.2em;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>PILOT:</p> <p>1) Observed prepackaged sandwiches in reach in cooler measuring between 50-52 degrees F. Hold all cold food at 41 degree F. Avoid stacking products and covering circulation vents. Voluntarily discarded.</p> <p>CINNABON:</p> <p>Satisfactory at present time.</p> <p>SUBWAY:</p> <p>14) Observed Quat used as a sanitizer in the mechanical ware-washing. This machine is approved for chlorine use only. Discontinue use immediately. Use the 3-compartment sink to wash, rinse, and sanitize equipments, utensils, and etc, until mechanical ware-washing chemical is resolved.</p> |
| | 2 | Prep./ Service | | | | |
| | 3 | Storage/ Disp. | | | | |
| | 4 | Frozen Food | | | | |
| | 5 | Pure Food | | | | |
| | 6 | Reused Food | | | | |
| | 7 | Transportation | | | | |
| Food Storage | 8 | Storage Fac. | | | | |
| | 9 | Refrig. Units | | | | |
| | 10 | Thermometer | | | | |
| | 11 | Hazardous Mat. | | | | |
| Uten./Equip. | 12 | Spoils | | | | |
| | 13 | Wash/ Sanitize | | | | |
| | 14 | Equip. Condition | | X | | |
| Employee | 15 | Utensil Condition | | | | |
| | 16 | Storage | | | | |
| | 17 | Handwashing | | | | |
| | 18 | Employee Hygiene | | | | |
| Water | 19 | Employee Habits | | | | |
| | 20 | Food Cert./ Card | | | | |
| Waste | 21 | Water | | | | |
| | 22 | Cross Con. | | | | |
| Vermin | 23 | Liquid Waste | | | | |
| | 24 | Refuse | | | | |
| Facilities | 25 | Rodents/ Insects | | | | |
| | 26 | Animal/ Fowl | | | | |
| | 27 | Ventilation | | | | |
| | 28 | Doors | | | | |
| | 29 | Floors | | | | |
| | 30 | Walls - Ceilings | | | | |
| Misc. | 31 | Toilet Fac. | | | | |
| | 32 | Janitorial Fac. | | | | |
| | 33 | Lighting | | | | |
| | 34 | Clothing - Linen | | | | |
| | 35 | Signs | | | | |
| | 36 | Misc. | | | | |

| | |
|---|--|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): Lisa Smith | Received by (Signature): _____ Date: 10/17/2023 |
| REHS (Print): Chalyn Dewey | REHS (Signature): _____ Phone: 530-841-2112 |

Facility Name: Pilot Travel Center #137

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Received by (Signature):

Date:
10/17/2023

REHS (Print):
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