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	
acility Name: Hospice Senior Service	Permit # 000263
ddress: 810 N Oregon St., Yreka, CA 96097	
ermit Holder: Madrone Hospice	Permit To Operate:
Madione i lospice	Valid Not Valid

Phone: F-mail: 530-841-5365 sara@madronehospice.org Food Safety Certified Employee: Jessica Avery Expiration Date: 2/2027 MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows: Food Temp. Protection Time/ Temp. ROUTINE INSPECTION CONDUCTED THIS DATE 2 Prep./ Service 3 Storage/ Disp. Frozen Food ALL FOOD HANDLING IS SATISFACTORY AT PRESENT TIME Pure Food 6 Reused Food Transportation 8 Storage Fac. 14) Observed HOUSEHOLD USE ONLY hand blender and food processor stored in dry 9 Refrig. Units storage area. All equipment are required to be commercial and ANSI certified. Remove 10 or replace these equipment with an approved unit. Obtain pre-approval from this Thermometer Food department prior to installation in this facility. Hazardous Mat. 12 Spoils 29) Observed damaged baseboard by the reach-in freezer. Ensure all floor surfaces are Wash/ Sanitize Uten./Equip. easily cleanable, smooth, durable, and nonabsorbent. Repair within 90 days. X 14 Equip. Condition 30) Observed damages to finish and paint peeling in the ware-washing, dry storage, and 15 **Utensil Condition** restroom. Maintain walls are smooth, durable, easily cleanable, and nonabsorbent. 16 Storage Repair within 90 days. 17 Handwashing Employee 18 Employee Hygiene 19 Employee Habits 20 Food Cert./ Card 21 Water NOTE: Please contact agency prior to remodeling or purchasing new equipments. 22 Cross Con. Liquid Waste 24 Refuse 25 Rodents/ Insects 26 Animal/ Fowl 27 Ventilation 28 Doors Floors 30 Walls - Ceilings 31 Toilet Fac. Janitorial Fac. 33 Lighting 34 Clothing - Linen 35 Signs 36 Misc. OUT = Out of compliance MAJ = Major violation COS = Corrected on-site Received By (Print): Date: Received by (Signature):

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

Received By (Print):
Sara Kerr
Received by (Signature):
Date:
10/18/2023

REHS (Print):
Chalyn Dewey
REHS (Signature):
Phone:
530-841-2112

Facility Name:	Hospice Senior Service				
	The marked items represent Health Code violations and must be corrected as follows:				
Received By (Print):		0/18/2023			
REHS (Print):	REHS (Signature): Phone				
Chalyn D	Dewey 530	-841-2112			

Facility Name:	Hospice Senior Service			
	The marked items represent Health Code violations and must be corrected as follows:			
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Described Doc (D. C.)		Pageined by (Signature):	Data	
	Kerr	Received by (Signature):	Date: 10/18/2023	
REHS (Print): Chalyn [Dewey	REHS (Signature):	Phone: 530-841-2112	

Facility Name:	Hospice Senior Service			
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	Decision (Control)			
	Received by (Signature): Dat a Kerr	e: 10/18/2023		
REHS (Print): Chalyn [REHS (Signature): Pho Dewey 5	one: :30-841-2112		