

## **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> Papa Mur	phy's	Pizz	a							Permit #	000366	
Addres		1818 Ft Jones				96097								
Permit Holder: Larry Hodge									Permit To  Valid	Operate: Not Valid				
Phone	: 5	530-842-0767					E	-mail: yr	ekaca018	3@gmail.c	om			
Food Safety Certified Employee: Donald O'Conner								Expiration	Date: 04/2024					
				OUT			The marke	ed items re	present He	alth Code vid	olations and m	nust be corrected		
Ċ.	1	Food Temp.		00.	000		· · · · · · · · · · · · · · · · · · ·		p. 000. K 1 10				<u> </u>	
emp	_	Prep./ Service						ROUTIN	IE INSPE	CTION CO	NDUCTED	ON THIS DAT	ГЕ	
e/ T	3	Storage/ Disp.												
Protection Time/ Temp.	4	Frozen Food							0.4.710.5		T DDEOEN	T TIME		
	5	Pure Food				SATISFACTORY AT PRESENT T						I IIME		
	6	Reused Food												
	7	Transportation												
(I)	8	Storage Fac.												
rag	9	Refrig. Units												
Stc	10	Thermometer												
Food Storage	11	Hazardous Mat.												
	12	Spoils												
ee Uten./Equip.	13	Wash/ Sanitize												
	14	Equip. Condition												
	15	Utensil Condition												
	16	Storage												
Φ	17	Handwashing												
oye	18	Employee Hygiene												
Idm	19	Employee Habits												
Ш	20	Food Cert./ Card												
Water	21	Water												
N N	22	Cross Con.												
Waste	23	Liquid Waste												
N N	24	Refuse												
Vermin		Rodents/ Insects												
\e_e	26	Animal/ Fowl												
	27	Ventilation												
Se	28	Doors												
Facilities	29	Floors												
Fa	30	Walls - Ceilings												
	31	Toilet Fac.												
	32	Janitorial Fac.												
	33	Lighting	Ш											
SC.	34	Clothing - Linen												
Misc.	35	Signs												
		Misc.												
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date:														
		Donald	O'Co	onner	-								)/20/2023	
REHS (	EHS (Print): REHS (Signature): Phone: Alexa Roche 530-841-2117													

Facility Name:	Papa Murphy's Pizza	1	
	The marked items re	epresent Health Code violations and must b	e corrected as follows:
Received By (Print):		Received by (Signature):	Date:
Do	onald O'Conner		10/20/2023
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117

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RFHS (Print)	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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Alexa Ro	oche	530-841-2117