Food Program Official Inspection Report



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

		217011				(500) 044 0400 ((500) 044 4070				
						phone: (530) 841-2100, fax: (530) 841-4076				
Facility Name: Penny's Diner						Permit # 000371				
Addre	ss:	4002 Siskiyou	Ave	., Dı	ınsm	nuir, CA 96025				
Permit		der:				Permit To Operate:				
		Penny's Di	ner (Corp)	Valid				
Phone	: 5	30-235-4100				E-mail: JAMES.GHIOTTO @LODGINGENTERPRISE.COM				
Food S	Safe	ty Certified Employ	ee: J	Jame	es M	Ghiotto Expiration Date: 12/2023				
			MAJ	OUT	cos					
Protection Time/ Temp.	1	Food Temp.				DOUTING MADE OTION CONDUCTED THE DATE				
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
	3	Storage/ Disp.								
Τir	4	Frozen Food				8) Observed bare woods used in between the shelving above the meat slicer prep				
tion	5	Pure Food				table. Observed cardboard boxes stored within the splash zone of the 3 compartment				
fect	6	Reused Food				sink. Ensure food contact surfaces are smooth, durable, nonabsorbent, and easily cleanable. Correct immediately.				
Pro	7	Transportation								
Food Storage	_	Storage Fac.		X		11) Observed working bottles that are not labeled stored in the edge of the dishwasher.				
	9	Refrig. Units				Label all working bottle to prevent misuse of chemicals. Corrected during inspection.				
	_	Thermometer		<u> </u>		Laborali Working Bottle to provent micage of chemicale. Corrected during inepoction.				
	11	Hazardous Mat.		X	X	13) Observed buildup of slime in the ice machine. Discontinue use until unit has been				
Щ	12	Spoils			, , ,	washed, rinsed, and sanitized according to manufacturers instructions.				
á		Wash/ Sanitize		X		40\ Obcoming a graph was longer than a stand on the come obeying white held facility is				
Equi	14	Equip. Condition				19) Observed employee's cell phone stored on the same shelving unit to hold facility's cooking equipment/utensils above the prep station. Ensure employee's personal				
Uten./Equip.		Utensil Condition				belongings have a designated area where contamination of food, equipment, and				
Ţ		Storage				utensils cannot occur. Correct immediately.				
4)	17	Handwashing								
уее	_	Employee Hygiene				30) Observed broken tile trim along the wall of the kitchen's back exit. Maintain the walls to be smooth, durable, easily cleanable, and nonabsorbent. Repair within 90 days.				
Employee	19	Employee Habits		X						
ய்	20	Food Cert./ Card								
fe	21	Water								
Water	22	Cross Con.								
Waste	23	Liquid Waste								
Wa	24	Refuse								
nin	25	Rodents/ Insects								
Vermin	26	Animal/ Fowl								
	27	Ventilation								
S	28	Doors								
ilitie	29	Floors								
Facilities	30	Walls - Ceilings		×						
	31	Toilet Fac.								
	32	Janitorial Fac.								
	33	Lighting								
Misc.	34	Clothing - Linen								
	35	Signs								
	36	Misc.								

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

Received By (Print): Received by (Signature): Date:

Bre Merkel 10/27/2023

REHS (Print): REHS (Signature): Phone:

Chalyn Dewey 530-841-2112

Facility Name:	Penny's Diner	
	The marked items represent Health Code violations and mo	ust be corrected as follows:
Received By (Print):	Received by (Signature):	Date:
	e Merkel	10/27/2023
REHS (Print): Chalyn D	REHS (Signature): Dewey	Phone: 530-841-2112

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