



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: South Weed Valero	Permit # 000432
Address: 1976 Shastina Dr., Weed, CA, 96064	
Permit Holder: Dennis Erickson	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-938-3605	E-mail:
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	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.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition		X	
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card		X	
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.		X	

14) Observed build-up on the outside of the Freal Machine. Maintain equipment in a clean and serviceable condition. Clean in accordance with manufacturer's instructions.

20) Current food manager certification was not available for review. The last certificate expired in 2022. Obtain a new food manager certificate within 60 days, or ensure the current certificate is available for inspection at all times.

36) The last inspection report was not available for review when requested. Ensure that the inspection report is readily available at all times in the event that anyone requests to see the latest inspection results.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Lisa Siglin	Received by (Signature): _____ Date: 11/01/2023
REHS (Print): Rick Florendo	REHS (Signature): _____ Phone: 530-841-2114

Facility Name: South Weed Valero

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): Lisa Siglin Received by (Signature): Date: 11/01/2023

REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-2114

Facility Name: South Weed Valero

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):
Lisa Siglin

Received by (Signature):

Date:
11/01/2023

REHS (Print):
Rick Florendo

REHS (Signature):

Phone:
530-841-2114

Facility Name: South Weed Valero

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

Received By (Print): Lisa Siglin	Received by (Signature):	Date: 11/01/2023
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REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
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