

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: Subway Permit # 000443											
Address: 113 E Miner St Yreka CA 96097											
Permit Holder: Permit To Operate:											
Shaun and Jody Shelton       Valid O Not Valid											
Phone	:	530-643-8032				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.				ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	2	Prep./ Service									
	3	Storage/ Disp.	1								
	4	Frozen Food				<ul> <li>9) Observed ice build-up on the floor and boxes of food in the walk-in freezer. Move boxe away from ice build-up until freezer repairs have been completed.</li> </ul>					
	5	Pure Food									
	6	Reused Food				away nom loe build-up until neezel repairs have been completed.					
Ъ	7	Transportation									
۵.	8	Storage Fac.				20) Obtain Food Manager Certification within the next 60 days.					
rage	9	Refrig. Units		Х	X						
Sto	10	Thermometer									
Food Storage	11	Hazardous Mat.									
ш	12	Spoils									
ip.	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
en./	15	Utensil Condition									
Ŀ	16	Storage									
Ð	17	Handwashing									
loye	18	Employee Hygiene									
Employee		Employee Habits									
		Food Cert./ Card		Х							
Water	_	Water									
		Cross Con.									
Waste		Liquid Waste									
		Refuse									
Vermin	_	Rodents/ Insects									
Υe		Animal/ Fowl									
		Ventilation									
ies	-	Doors									
Facilities		Floors									
щ		Walls - Ceilings									
		Toilet Fac.									
		Janitorial Fac.									
		Lighting									
Misc.		Clothing - Linen									
Σ		Signs									
MAJ =		Misc. jor violation C	UT =	Out o	of com	npliance COS = Corrected on-site					
MAJ = Major violation     OUT = Out of compliance     COS = Corrected on-site       Received By (Print):     Received by (Signature):     Date:       sara super     11/9/2023											
REHS (Print): Alexa Roche REHS (Signature): Phone: 530-841-2117											

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REHS (Print): Alexa Ro	REHS (Signature): oche	Phone: 530-841-2117
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