

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: Macgregor's Book Nook Permit # 000860										
Address: 202 N Main St Yreka, CA 96097										
Permit	Permit Holder: Mary Jane Gibbons Permit To Operate: O Not Valid									
Phone: 530-841-2664 E-mail: macbooksyreka@gmail.com										
Food Safety Certified Employee: Mary Jane Gibbons Expiration Date: 10/2024										
MAJ OUT COS						The marked items represent Health Code violation				
Protection Time/ Temp.	1	Food Temp.								
	2	Prep./ Service				ROUTINE INSPECTION CONDI	JCTED ON THIS DATE			
	3	Storage/ Disp.					ECENIT TIME			
	4	Frozen Food				SATISFACTORY AT PR	ESENT TIME			
	5	Pure Food								
	6	Reused Food								
	-	Transportation								
je Je	8	Storage Fac.								
Food Storage	9	Refrig. Units	lacksquare							
	10	Thermometer								
	-	Hazardous Mat.								
	12	Spoils								
uip.		Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
Jten		Utensil Condition								
٠		Storage								
9	-	Handwashing								
Employee		Employee Hygiene								
Em		Employee Habits		_						
_		Food Cert./ Card		-						
Water		Water								
S		Cross Con.		_						
Waste		Liquid Waste								
>		Refuse								
Vermin		Rodents/ Insects Animal/ Fowl								
>	-									
	-	Ventilation Doors		-						
ties		Floors		+						
Facilities	-	Walls - Ceilings	Н							
ш		Toilet Fac.		\dashv						
		Janitorial Fac.								
		Lighting								
Misc.		Clothing - Linen		\dashv						
		Signs		\dashv						
		Misc.								
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
Received By (Print): Received by (Signature): Date: Misty Johnson 11/28/2023										
REHS (Print): Alexa Roche						REHS (Signature):	Phone: 530-841-2117			

Facility Name:	Macgregor's Book Nook	
	The marked items represent Health Code violations and	I must be corrected as follows:
	·	
Received By (Print):	Received by (Signature):	Date:
Mi	sty Johnson	11/28/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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