

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	Facility Name: Yreka Lanes Permit # 000489											
Addres		1601 S Oregor		Yrek	a Ca	96097						
Permit Holder: Laura Leach Permit To Operate: Not V Not V												
Phone	Ę	530-309-1861				E-mail: laura.s.leach@gmail.com						
Food S	afet	ty Certified Employ	ee:				Expiration	Date:				
MAJ OUT COS						The marked items represent Health Code violations and mu	st be corrected	d as follows:				
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE						
	2	Prep./ Service					011 112 2					
	3	Storage/ Disp.				20) Obtain Food Manager Cartification within the payt 60 days						
	4	Frozen Food				20) Obtain Food Manager Certification within the next 60 days.						
ction	5	Pure Food										
otec	6	Reused Food										
P	7	Transportation										
Food Storage		Storage Fac.										
	-	Refrig. Units										
		Thermometer	Ш									
Foo	_	Hazardous Mat.		\sqcup								
		Spoils	Щ									
luip.	-	Wash/ Sanitize	-	$\vdash \vdash$								
Uten./Equip.	-	Equip. Condition		$\vdash \vdash$								
Jten	_	Utensil Condition		$\vdash \vdash$								
	-	Storage		$\vdash \vdash$								
/ee	-	Handwashing	┼	$\vdash \vdash \vdash$	\dashv							
Employee	-	Employee Hygiene	\vdash	$\vdash \vdash \vdash$	\dashv							
Em		Employee Habits Food Cert./ Card		×	-							
J.	-	Water	\vdash	$\vdash \cap$	\dashv							
Water	_	Cross Con.	\vdash	$\vdash \vdash \vdash$	\dashv							
		Liquid Waste	\vdash	$\vdash \vdash$	\dashv							
Nasi	-	Refuse	\vdash	$\vdash \vdash \vdash$	\dashv							
-\	-	Rodents/ Insects		$\vdash \vdash$	=							
Vermin Waste		Animal/ Fowl										
		Ventilation			\neg							
'n		Doors			\Box							
Facilities	29	Floors										
Faci	30	Walls - Ceilings										
	31	Toilet Fac.										
	32	Janitorial Fac.										
	33	Lighting										
Ċ.	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:												
		Mary Sr	nith			Received by (Signature):	Date:	/30/2023				
REHS (Print): Alexa Roche)			REHS (Signature):	Phone: 53	30-841-2117				

Facility Name:	Yreka Lanes	
	The marked items represent Health Code violati	ons and must be corrected as follows:
Received By (Print):	Received by (Signature	Date:
Ma	ary Smith	11/30/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Yreka Lanes	
	The marked items represent Health Code violations and must be corrected as follows:	
,		
Received By (Print): Mar	Received by (Signature): Date by Smith	e: 11/30/2023
REHS (Print):	REHS (Signature): Pho	

530-841-2117

Alexa Roche

Facility Name:	Yreka Lanes		
	The marked items re	epresent Health Code violations and must be co	orrected as follows:
Received By (Print):		Received by (Signature):	Date:
Mai	y Smith		11/30/2023
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117