

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: Yreka Truck Stop Permit # 000557											
Addres	ss:	787 Montague	Rd `	Yrek	a CA	96097					
Permit	Permit Holder: Yreka Properties LLC Permit To Operate: Valid Not Valid										
Phone	: [530-200-8954				E-mail: yrekatravelplaza@gmail.com					
Food S	Food Safety Certified Employee: Expiration Date:										
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:					
emb.	1	Food Temp.	1717 10	X	X	ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	2	Prep./ Service		, ,		NOOTINE INOI ECTION CONDOCTED ON THIS DATE					
e/ T	3	Storage/ Disp.				1) Observed sandwiches at 47 F - 49 F. Keep all cold food at 41 F or colder					
Protection Time/ Temp.	4	Frozen Food									
	5	Pure Food				14) Observed broken parts missing in the coffee machine. Discontinue use until equipment ha					
otec	6	Reused Food				been either repaired or replaced.					
Prc	7	Transportation				20) Obtain Food Manager Certification within 60 days.					
40	8	Storage Fac.									
гаде	9	Refrig. Units									
Food Storage	10	Thermometer									
poo	11	Hazardous Mat.									
F	12	Spoils									
ġ.	13	Wash/ Sanitize									
Equi	14	Equip. Condition		X							
Uten./Equip.	15	Utensil Condition									
Ť	16	Storage									
Ø)	17	Handwashing									
oye	18	Employee Hygiene									
Employee	19	Employee Habits									
Ш	20	Food Cert./ Card		X							
Water	21	Water									
Wa	22	Cross Con.									
Waste		Liquid Waste									
	24	Refuse									
Vermin	_	Rodents/ Insects									
Vel	26	Animal/ Fowl									
	27	Ventilation									
Se	28	Doors									
Facilities	29	Floors									
Fa	30	Walls - Ceilings									
	31	Toilet Fac.									
			Ш								
		Lighting	Ш								
Misc.		Clothing - Linen									
		Signs	Ш								
N40 '		Misc.		0.1		L COS Computed on site					
			<u> דוטע</u>	Out c	T COM	npliance COS = Corrected on-site Received by (Signature): Date:					
Stella Lemon 12/6/2023											
REHS (Print): REHS (Signature): Phone: 530-841-						REHS (Signature): Phone: 530-841-2117					

Facility Name:	Yreka Truck Stop	
	The marked items represent Health Code violations and	I must be corrected as follows:
<u> </u>	Barrie II (C)	
Received By (Print): St	Received by (Signature): ella Lemon	Date: 12/6/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Yreka Truck Stop	
	The marked items represent Health Code violations and must be correct	ed as follows:
Received By (Print):	Received by (Signature):	Date:
	la Lemon	12/6/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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Received By (Print): Stel	la Lemon	Date: 12/6/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche