

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: Taco Bell Permit # 000451 | | | | | | | | | | | |
|--|-------|--|-----------|----------|---------|---|--|--|--|--|--|
| Addres | ss: | 1804 Ft Jones | Rd \ | Yreka | a CA | 96097 | | | | | |
| Permit Holder: De Clerk Enterprises Permit To Operate: Valid Not Valid Phone: 530 842 3686 F-mail: rs002299@tacobell.com | | | | | | | | | | | |
| Phone | | 530-842-3686 | | | | E-mail: rs002299@tacobell.com | | | | | |
| Food S | Safe | ty Certified Employ | /ee: N | Nicole | e Me | Furiantian Data | | | | | |
| | | | | OUT | | The marked items represent Health Code violations and must be corrected as follows: | | | | | |
| Ġ. | 1 | Food Temp. | IVIAG | 001 | 000 | ROUTINE INSPECTION CONDUCTED ON THIS DATE | | | | | |
| emp | | Prep./ Service | | | | ROOTINE INSPECTION CONDUCTED ON THIS DATE | | | | | |
| e/ T | | Storage/ Disp. | | | | 14) Observed tea and soda residue accumulating around the tea dispenser and on the self-service | | | | | |
| ion Tim | | Frozen Food | | | | soda machine. Sanitize and clean to manufacturer specifications as soon as possible. | | | | | |
| | 5 | Pure Food | | | | | | | | | |
| otect | 6 | Reused Food | | | | 29) Observed a buildup of food debris in both the back food preparation and ware washing | | | | | |
| Pro | 7 | Transportation | | | | Clean and sanitize as soon as possible. | | | | | |
| | 8 | Storage Fac. | | | | | | | | | |
| Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. 94 and 15 and | 9 | Refrig. Units | | | | | | | | | |
| | 10 | Thermometer | | | | | | | | | |
| | 11 | Hazardous Mat. | | | | | | | | | |
| | 12 | Spoils | | | | | | | | | |
| Equip. | 13 | Wash/ Sanitize | | | | | | | | | |
| | 14 | Equip. Condition | | X | | | | | | | |
| en./ | 15 | Utensil Condition | | | | | | | | | |
| Uten | 16 | Storage | | | | | | | | | |
| Φ | 17 | Handwashing | | | | | | | | | |
| oye | 18 | Employee Hygiene | | | | | | | | | |
| ldm | 19 | Employee Habits | | | | | | | | | |
| | 20 | Food Cert./ Card | | | | | | | | | |
| ater | 21 | Spoils Wash/ Sanitize Equip. Condition Utensil Condition Storage Handwashing Employee Hygiene Employee Habits Food Cert./ Card Water Cross Con. Liquid Waste Refuse Rodents/ Insects Animal/ Fowl Ventilation | | | | | | | | | |
| Waste Water | | | | | | | | | | | |
| aste | | | | | | | | | | | |
| × | 24 | Refuse | | | | | | | | | |
| rmin | _ | | | | | | | | | | |
| Ve | 26 | Animal/ Fowl | | | | | | | | | |
| A Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. | | | | | | | | | | | |
| es | | Doors | | | | | | | | | |
| ıciliti | | Floors | ш | X | | | | | | | |
| Fa | 30 | Walls - Ceilings | | | | | | | | | |
| | | Toilet Fac. | Ш | | | | | | | | |
| | | | | | | | | | | | |
| | | Lighting | | | | | | | | | |
| Misc. | | Clothing - Linen | | | | | | | | | |
| | | Signs | Н | \vdash | | | | | | | |
| MA.I – | | Misc. or violation (|)UT – | Out | of com | ppliance COS = Corrected on-site | | | | | |
| | | / (Print): | | | ,, 0011 | Received by (Signature): Date: | | | | | |
| Nicole Meidell 12/7/2023 | | | | | | 12/7/2023 | | | | | |
| REHS (| Print | Alexa Roch | = <u></u> | | | REHS (Signature): Phone: 530-841-2117 | | | | | |

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| | The marked items represent Health Code violations and must be corrected as | follows: |
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| Received By (Print): | Received by (Signature): cole Meidell | Date: 12/7/2023 |
| REHS (Print): Alexa Ro | REHS (Signature): | Phone: 530-841-2117 |

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| Received By (Print): | Received by (Signature): ple Meidell | Date: 12/7/2023 |
| REHS (Print): | REHS (Signature): | Phone: |

530-841-2117

Alexa Roche

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