



### 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: <b>Ross Market</b>	Permit # <b>000396</b>
Address: <b>440 E Street Tulelake CA</b>	
Permit Holder: <b>Leah Ross</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-667-2202</b>	E-mail: <b>nana@cot.net</b>
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.			<p style="text-align: center; margin-bottom: 10px;"><b>ROUTINE INSPECTION CONDUCTED ON THIS DATE</b></p> <p>14) Observed packaging wrapper on ice machine. The ice machine should be smooth, cleanable, durable and non-absorbent. Remove all packing tape as soon as possible.</p> <p>16) Observed a new ice machine installed without preapproval or indirect piping to a floor drain. All equipment within a food facility must have NSF/ANSI approval. Provide manufacturer specifications sheets as soon as possible.</p>
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition		X	
	15	Utensil Condition			
	16	Storage		X	
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Kim Keiser</b>	Received by (Signature): _____ Date: <b>12/15/2023</b>
REHS (Print): <b>Alexa Roche</b>	REHS (Signature): _____ Phone: <b>530-841-2117</b>

**Facility Name:** Ross Market

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Received by (Signature):

Date:  
12/15/2023

REHS (Print):  
Alexa Roche

REHS (Signature):

Phone:  
530-841-2117

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