



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

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| Facility Name: McCloud Chevron | Permit # |
| Address: 117 Squaw Valley Rd., McCloud, CA | |
| Permit Holder: Mountain Counties Supply Co. | Permit To Operate: <input type="radio"/> Valid <input checked="" type="radio"/> Not Valid |
| Phone: 530-964-2232 | E-mail: mccloudchevron@mtcounties.com |
| 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; font-weight: bold; font-size: 1.2em;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>13) Observed a buildup of food or powder in the hot chocolate/mocha machine. Maintain equipment in a clean and serviceable manner at all time. Correct immediately.</p> <p>20) Observed facility does not have a valid food manager certificate. Obtain a food manager certification within 60 days. A in-person course is being offered in November.</p> <p>29) Observed baseboard is missing in the hand-washing area. Ensure the junction of the floor and wall with a 3/8 inch minimum radius coving with at least 4 inch baseboard from the floor up. Correct within 90 days.</p> <p>29) Observed a discharge line, from the pepsi machine, without an 1 inch airgap discharging into the floor sink. Ensure discharge to floor sink has an 1 inch airgap. Correct immediately.</p> <p>36) Facility is currently operating without a valid permit. The facility has been verbally instructed to obtain a permit twice, previously this year. Obtain a valid permit within 7 days to avoid future fees and/or facility closure.</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 | | X | | |
| | 14 Equip. Condition | | | | |
| | 15 Utensil Condition | | | | |
| | 16 Storage | | | | |
| Employee | 17 Handwashing | | | | |
| | 18 Employee Hygiene | | | | |
| | 19 Employee Habits | | | | |
| | 20 Food Cert./ Card | | X | | |
| 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 | | X | | |
| | 30 Walls - Ceilings | | | | |
| | 31 Toilet Fac. | | | | |
| | 32 Janitorial Fac. | | | | |
| | 33 Lighting | | | | |
| Misc. | 34 Clothing - Linen | | | | |
| | 35 Signs | | | | |
| | 36 Misc. | | X | | |

| | |
|---|--|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): Regina Marshall | Received by (Signature): _____ Date: 10/10/2023 |
| REHS (Print): Chalyn Dewey | REHS (Signature): _____ Phone: 530-841-2112 |

Facility Name: McCloud Chevron

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Received by (Signature):

Date:
10/10/2023

REHS (Print):
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