

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	Na Na	me: Siskiyou C	count	y Jai		Permit # 615765			
Addres	ss:	315 S Oregon	St. Y	reka	CA	A 96097			
Permit		der:				Permit To Operate:			
		530-842-8	173			X Valid Not Valid			
Phone	5	30-842-8173				E-mail: michelle.ward@siskiyousheriff.org			
Food S	Safet	ty Certified Employ	ee: M	iche	lle V	Ward Expiration Date: 03/2025			
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:									
ъ.	1	Food Temp.							
_em	2	Prep./ Service				COMPLAINT INSPECTION CONDUCTED THIS DATE			
e/ T	3	Storage/ Disp.							
Tin	4	Frozen Food				This is a follow-up inspection to a complaint received regarding the presence of mold in			
Protection Time/ Temp.	5	Pure Food				a housing cell. The following are the inspection results:			
	6	Reused Food							
	7	Transportation				There is no sheer take sign of model in the call			
Food Storage	8	Storage Fac.				There is no observable sign of mold in the cell.			
	9	Refrig. Units							
	10	Thermometer							
poo	11	Hazardous Mat.							
ĬĹ.	12	Spoils							
Uten./Equip.	13	Wash/ Sanitize							
	14	Equip. Condition							
en./E	15	Utensil Condition							
Ute		Storage							
4)	17	Handwashing							
уее	18	Employee Hygiene							
Employee	19	Employee Habits							
Ш	20	Food Cert./ Card							
ter	21	Water							
Water	22	Cross Con.							
Waste	23	Liquid Waste							
Wa	24	Refuse							
'ermin	25	Rodents/ Insects							
Veri	26	Animal/ Fowl							
	27	Ventilation							
S	28	Doors							
Facilities	29	Floors							
Fac	30	Walls - Ceilings							
	31	Toilet Fac.							
	32	Janitorial Fac.							
	33	Lighting							
ن ن	34	Clothing - Linen							
Misc	35	Signs							
	36	Misc.							
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site									
Received By (Print): Received by (Signature): Date: Chris Miller 05/07/2024									
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112									

Facility Name:	Siskiyou County Jail		
	The marked items re	epresent Health Code violations and must	be corrected as follows:
Described Description		Pageived by (Cignoty)	D. i.
	nris Miller	Received by (Signature):	Date: 05/07/2024
REHS (Print): Chalyn D	Dewey	REHS (Signature):	Phone: 530-841-2112

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