



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: Speedway Express | Permit # 000357 |
| Address: 735 N Main St Yreka CA 96097 | |
| Permit Holder: Multisite Management LLC | Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid |
| Phone: 530-842-6539 | E-mail: 832@porters.us.com |
| Food Safety Certified Employee: N/A | Expiration Date: |

| | | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: |
|------------------------|----------------------|-----|-----|-----|--|
| Protection Time/ Temp. | 1 Food Temp. | | X | | <p style="text-align: center; margin: 0;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>1) Observed numerous cold foods (microwaveable burgers, burritos, cold sandwiches) at 52F at the standup display refrigerator. Keep cold foods at 41F or below. Correct immediately. 2ND NOTICE.</p> <p>9) Observed the standup display case mentioned above not holding cold foods to temperature. Display gauge reads temperature at 40F, but surface temperature of food measures at 50F. Maintain the refrigerator in good repair and fully operable. Correct immediately. 2ND NOTICE.</p> <p>14) Observed a non-slip mat at the bottom shelf of the unit mentioned above. This is unnecessary addition and surface is not cleanable, durable, nonabsorbent, or smooth. Remove immediately.</p> <p>13) Observed no paper towel or pump soap at the handwashing station behind the cashier's counter. Ensure handwashing facilities are supplied with hot water, pump soap and single-use paper towel in a dispenser at all times. Correct asap. 2ND NOTICE.</p> <p>29) Observed the 3 compartment sink plumbed into floor sink without a 1" air gap. Ensure sinks are plumbed indirectly into the floor with at least a 1" air gap above the flood rim. Repair or correct within 60 days. 2ND NOTICE.</p> <p>29) Observed cracks and damages to floors and baseboards throughout the facility (warewashing area, restroom, and ice machine area). Maintain floors to be easily cleanable, durable, smooth, and nonabsorbent. Repair or replace within the next 90 days. 3RD NOTICE.</p> <p>29, 30) Observed water pooling right below the electrical outlet and duct tape along the bottom of the wall next to the ice machine. Remove and prevent standing water in manner as to not be a safety hazard or cause further deterioration to the floors and walls. Correct ASAP.</p> <p>14) Observed ice scoop stored in a bag on top of the stand. Store ice scoop with handles up in designated area or in a container that is washed and sanitized daily. Correct immediately.</p> <p style="text-align: center; margin-top: 20px;">A REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIANCE.</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 | | X | | |
| | 10 Thermometer | | | | |
| | 11 Hazardous Mat. | | | | |
| Uten./Equip. | 12 Spills | | | | |
| | 13 Wash/ Sanitize | | X | | |
| | 14 Equip. Condition | | X | | |
| Employee | 15 Utensil Condition | | | | |
| | 16 Storage | | | | |
| | 17 Handwashing | | | | |
| | 18 Employee Hygiene | | | | |
| Water | 19 Employee Habits | | | | |
| | 20 Food Cert./ Card | | | | |
| | 21 Water | | | | |
| Waste | 22 Cross Con. | | | | |
| | 23 Liquid Waste | | | | |
| Vermin | 24 Refuse | | | | |
| | 25 Rodents/ Insects | | | | |
| Facilities | 26 Animal/ Fowl | | | | |
| | 27 Ventilation | | | | |
| | 28 Doors | | | | |
| | 29 Floors | | X | | |
| | 30 Walls - Ceilings | | X | | |
| | 31 Toilet Fac. | | | | |
| | 32 Janitorial Fac. | | | | |
| Misc. | 33 Lighting | | | | |
| | 34 Clothing - Linen | | | | |
| | 35 Signs | | | | |
| | 36 Misc. | | | | |

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| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): Josh Frazier | Received by (Signature): _____ Date: 07/24/2024 |
| REHS (Print): Chalyn Dewey | REHS (Signature): _____ Phone: 530-841-2112 |

Facility Name: Speedway Express

The marked items represent Health Code violations and must be corrected as follows:

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Josh Frazier

Received by (Signature):

Date:
07/24/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

Facility Name: Speedway Express

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

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