



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: Jolley's Club	Permit # 000273
Address: 605 South Main Street, Yreka, CA 96097	
Permit Holder: Steve and Janet Thomas, and Shannon Meyers	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-6678	E-mail: jthomas5932@sbcglobal.net
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.			<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>2) Observed prepackaged foods stored in a box freezer. Observed a microwave used to cook/reheat food stored at the counter behind the bar. Facility is not approved for food preparation. Discontinue handling or cooking food for guests. Consumers are allowed to cook and handle their own food. Move microwave to a location easily accessible by consumers. Correct immediately.</p> <p style="margin-top: 20px;">NOTE: Issued "Facility Inspection Notice" form.</p>
	2	Prep./ Service		X	
	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.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize			
	14	Equip. Condition			
Employee	15	Utensil Condition			
	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
Water	19	Employee Habits			
	20	Food Cert./ Card			
Waste	21	Water			
	22	Cross Con.			
Vermin	23	Liquid Waste			
	24	Refuse			
Facilities	25	Rodents/ Insects			
	26	Animal/ Fowl			
	27	Ventilation	☐		
	28	Doors	☐		
	29	Floors	☐		
	30	Walls - Ceilings	☐		
	31	Toilet Fac.	☐		
Misc.	32	Janitorial Fac.	☐		
	33	Lighting	☐		
	34	Clothing - Linen	☐		
	35	Signs	☐		
	36	Misc.	☐		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Janet Thomas	Received by (Signature): _____ Date: 10/09/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Jolley's Club

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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REHS (Signature):

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