

## **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	me: Starbucks	- We	eed			Permit # 0004	438			
Addres	S:	1855 Shastina	Dr,	Wee	d CA	(					
Permit	Permit Holder:  Valley Stars Partners, LLC Mark Engstrom  Permit To Operate:  Valid Not Valid										
Phone		530-938-4910				E-mail:					
Food S	Food Safety Certified Employee: Kira Marshall Expiration Date: 09/2029										
	MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CON	NDUCTED ON THIS DATE				
	2	Prep./ Service									
	3	Storage/ Disp.				SATISFACTORY AT PRESENT TIME					
	4	Frozen Food									
	5	Pure Food									
	6	Reused Food									
	7	Transportation									
Food Storage	8	Storage Fac.									
	9	Refrig. Units									
	10	Thermometer		3							
000	11	Hazardous Mat.									
ш	12	Spoils		3							
Uten./Equip.	13	Wash/ Sanitize			0						
	14	Equip. Condition		3							
en./	15	Utensil Condition									
Ç	16	Storage									
Ф	17	Handwashing									
oye	18	Employee Hygiene		3							
Employee	19	Employee Habits									
	20	Food Cert./ Card									
Water	21	Water									
M	22	Cross Con.									
Waste	23	Liquid Waste									
Wa	24	Refuse									
Vermin		Rodents/ Insects									
Ver	26	Animal/ Fowl			0						
	27	Ventilation									
S	28	Doors									
Facilities	29	Floors		X							
Fac	30	Walls - Ceilings		4							
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
SC.	34	Clothing - Linen									
Misc.	35	Signs									
		Misc.									
			UT =	Out	of com	ppliance COS = Corrected on-site	_00000				
Received By (Print): Received by (Signature): Date:  Kira Wilson 1/24/2024						024					
REHS (Print):  Alexa Roche  REHS (Signature):  Phone: 530-841-21						41-2117					

Facility Name:	Starbucks - Weed		
	The marked items rep	resent Health Code violations and must b	pe corrected as follows:
		•	
Described Doc (D. C. C.		Popolized by (Cianature)	Detr
	ra Wilson	Received by (Signature):	Date: 1/24/2024
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117

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REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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530-841-2117

Alexa Roche