

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

		me: Chevron M	loun	tain	View	Station Permit # 000335				
Address: 82 E Vista Dr Weed CA 96094										
Permit Holder: Paul Randhawa Permit To Operate:										
Phone: 520 029 1202 E-mail: mtylouchouron@mt.counties.com										
330-936-1392 mitviewchevion@mit.counties.com										
Food S	Food Safety Certified Employee: Expiration Date:									
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:				
Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE				
	2	Prep./ Service								
	3	Storage/ Disp.				36) Observed facility has not obtained a Milk Products Plant permit from the state to sell				
Ţ	4	Frozen Food				manufactured, or processed soft serve ice cream. Per California Department of Food and Agriculture (CDFA). " A person shall not engage in the business of dealing in receiving,				
Protection	5	Pure Food				manufacturing, freezing, or processing milk, or any products of milk unless a license or peri				
	6	Reused Food				been obtained from CDFA for the place of business. A license is required for anyone selling				
	7	Transportation				serve ice cream, frozen yogurt, or non-dairy frozen dessert. Contact CDFA Milk and Dairy program				
Permit House: Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	8	Storage Fac.				to obtain a permit immediately. Discontinue use immediately.				
	9	Refrig. Units								
	10	Thermometer								
-000	11	Hazardous Mat.								
10000	12	Spoils			-					
ip.	13	Wash/ Sanitize								
Æφι	14	Equip. Condition								
ten.	15	Utensil Condition								
Š	16	Storage								
ē	17	Handwashing								
loye	18	Employee Hygiene								
dw	19	Employee Habits								
	20	Food Cert./ Card								
ater	21	Water								
	22	Cross Con.								
ste	23	Liquid Waste								
Permit H Phone: Leaching Master Mater Employee Oten./Equip. Food Storage Protection Time/ Temp. Misc. Section 1	24	Refuse								
Phone: Lood Satisfies Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. Food Storage Major Temp.	0.0	Rodents/ Insects								
Ver	26	Animal/ Fowl		-	9					
	27	Ventilation								
S	28	Doors								
ilitie	29	Floors								
Fac	30	Walls - Ceilings								
	31	Toilet Fac.								
	32	Janitorial Fac.								
	33	Lighting								
Misc.	34	Clothing - Linen								
	35	Signs								
		Misc.		X						
			UT =	Out	of com	pliance COS = Corrected on-site				
Received By (Print): Received by (Signature): Date: Paul Shedd 10/29/2024										
REHS (Print): Alexa Roche						REHS (Signature): Phone: 530-841-2117				

Facility Name:	Chevron Mountain View Station	
	The marked items represent Health Code violations and must be of	corrected as follows:
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Described Doc (D. L. C.	Descript by (Circuture)	5
Received By (Print): Pa	Received by (Signature): aul Shedd	Date: 10/29/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Chevron Mountain View Station	
	The marked items represent Health Code violations and must be corrected	d as follows:
Received By (Print):	Received by (Signature): I Shedd	Date: 10/29/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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Descrived Dr. (Date)		Received by (Signature):	Doto					
Received By (Print): Pau	l Shedd	Neceived by (Signatule).	Date: 10/29/2024					
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117					