



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: Yreka Lanes	Permit # 000489
Address: 1601 S Oregon St., Yreka, CA 96097	
Permit Holder: Laura Leach	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-572-1552	E-mail: laura.s.leach@gmail.com
Food Safety Certified Employee: Mary Smith	Expiration Date: 05/2028

		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; margin: 0;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>3) Observed frozen or raw meats and raw eggs stored next to or above ready-to-eat foods in multiple reach-in freezers. Store ready-to-eat foods above and on separate shelves from raw meats. Correct within 30 days.</p> <p>14) Observed a pizza oven used without an exhaust hood over the entire equipment. Ensure all parts of the equipment is placed at least 6" within the hood system. Repair or correct within 30 days.</p>
	2	Prep./ Service			
	3	Storage/ Disp.		X	
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition		X	
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Laura Leach	Received by (Signature): _____ Date: 11/15/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Yreka Lanes

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Received by (Signature):

Date:
11/15/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

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