



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: Subway- Miner's Street | Permit # 000443 |
| Address: 113 E Miner St, Yreka CA 96097 | |
| Permit Holder: Mehar Subs Inc./Sikander Virk | Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: 530-643-8032 | E-mail: sikandervirk1989@gmail.com |
| Food Safety Certified Employee: Armaan S. Sandhu | Expiration Date: 11/2029 |

| | | MAJ | OUT | COS | |
|------------------------|----|-----|-----|-----|---|
| | | | | | The marked items represent Health Code violations and must be corrected as follows: |
| Protection Time/ Temp. | 1 | | X | X | <p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) 2ND NOTICE - Observed numerous deli meats, cheese, tuna, chopped chicken, and cheese at 59F and bacon at 71F stored at the deli cooler. Hold cold foods at 41F or below. Voluntarily discarded.</p> <p>9) Observed the digital thermometer at deli cooler measuring at 61F. Ensure cold holding equipment holds cold foods at 41F or below. Maintain equipment in good repair and fully serviceable. Repair or service this unit within 14 days.</p> <p>2) Observed meats thawing on the prep sink in ambient air. Utilize one of the following approved thawing methods: in refrigerator, in running water at or below 70F and for a period not to exceed 2 hours, in microwave and immediately prepared, and as part of the cooking process. Corrected onsite.</p> <p>13) Observed less than 50ppm chlorine in green sani-bucket at vegetable cooler prep station. Ensure sanitizer has a concentration of 100ppm chlorine. Utilize test strips to test sanitizer concentration at least every 2 hours or as needed. Corrected onsite.</p> <p>31) 2ND NOTICE - Observed the restroom light not functional. Facility is currently using a portable camp light. Maintain restroom in good repair. Repair light within 14 days.</p> <p>NOTE: 1) A REINSPECTION FEE WILL BE ASSESSED ON FUTURE REPEAT NON-COMPLIANCE. 2) CONTINUE TO WORK ON VIOLATIONS NOTED ON 11/14/2024 REPORT.</p> |
| | 2 | | X | X | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | X | | |
| | 6 | | | | |
| | 7 | | | | |
| Food Storage | 8 | | | | |
| | 9 | | | | |
| | 10 | | | | |
| | 11 | | | | |
| Uten./Equip. | 12 | | | | |
| | 13 | | X | X | |
| | 14 | | | | |
| Employee | 15 | | | | |
| | 16 | | | | |
| | 17 | | | | |
| | 18 | | | | |
| Water | 19 | | | | |
| | 20 | | | | |
| | 21 | | | | |
| Waste | 22 | | | | |
| | 23 | | | | |
| Vermin | 24 | | | | |
| | 25 | | | | |
| Facilities | 26 | | | | |
| | 27 | | | | |
| | 28 | | | | |
| | 29 | | | | |
| | 30 | | | | |
| | 31 | | X | | |
| | 32 | | | | |
| Misc. | 33 | | | | |
| | 34 | | | | |
| | 35 | | | | |
| | 36 | | | | |

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|---|--|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): Armaan Sandhu | Received by (Signature): _____ Date: 11/18/2024 |
| REHS (Print): Chalyn Dewey | REHS (Signature): _____ Phone: 530-841-2112 |

Facility Name: Subway- Miner's Street

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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