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

Address: Permit He	1803 Fort Jone	s Ro	Vre							
Permit H	older:			жа ъ	6097					
(encerer als sources a process		Permit Holder: Permit To Operate:								
	Andrew Hennan, Riise Hospitality Group LLC Valid Not Valid									
Phone:	Phone: 530-840-9079 E-mail:									
Food Saf	Food Safety Certified Employee: Expiration Date:									
		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:					
<u>d</u> 1	1 Food Temp.				COMPLAINT FOLLOW UP INSPECTION CONDUCTED ON THIS DATE					
Ter	2 Prep./ Service				COMPLAINT FOLLOW-UP INSPECTION CONDUCTED ON THIS DATE					
len .	3 Storage/ Disp.				Received a complaint both toilets in the bathroom were not usable and toilets were					
Protection Time/ Temp.	4 Frozen Food				overflowing, causing water to spill across the entire bathroom floors. Observed on-site					
ction	5 Pure Food				both bathrooms still having standing sewage water and toilet paper covering both					
e ote	6 Reused Food				bathrooms floors. Corrected on-site: The bathroom on the left was thoroughly cleaned and sanitized by onsite employees with all toilet paper residues removed before a final					
□ 7	7 Transportation				sanitization. NOTE: the bathroom on the right remains unusable.					
3 0	8 Storage Fac.				samazaton. No re, the bathoom on the right formans and ablo.					
Food Storage	9 Refrig. Units				21,23,24) First bathroom to the right, after flushing the toilet, water from the toilet bowl					
1 Sto	0 Thermometer				sprayed over the seat and onto the floor, worsening the overflow and spreading more					
8 1	1 Hazardous Mat.			2	water throughout the bathroom. Water from the toilet, combined with residue from the					
1	2 Spoils				previous days backup, is accumulating on the floor. The floor drain is visibly clogged and not functioning properly. Restrooms in good working order must be maintained during all					
<u>.</u>	3 Wash/ Sanitize			2	hours of operation, repair within the next 24 hours.					
Uten./Equip.	4 Equip. Condition			-						
l. I	5 Utensil Condition									
5 1	6 Storage									
φ 1	7 Handwashing									
1 ove	8 Employee Hygiene		2							
Employee	9 Employee Habits			-						
2	Pood Cert./ Card									
	21 Water		X							
	2 Cross Con.									
<u> </u>	23 Liquid Waste		×							
	4 Refuse		×							
_	25 Rodents/ Insects									
j≣ 2	Animal/ Fowl			6						
2	27 Ventilation									
s 2	28 Doors		2	à						
Facilities	9 Floors									
<u>в</u> 3	0 Walls - Ceilings			-						
3	1 Toilet Fac.									
3	32 Janitorial Fac.		2	-						
	33 Lighting									
· · 3	4 Clothing - Linen									
	35 Signs									
	6 Misc.									
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received by (Print): Received by (Signature): Date:									
Received	Mary Sc	halc	w		Received by (Signature): Date: 12/3/2024					
REHS (Pri	REHS (Print): REHS (Signature): Phone: 530-841-2117									

Facility Name	[:] Wendy	s - Yreka
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The marked items represent Health Code violations and must be corrected as follows:

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Received By (Print):	Received by (Signature):	Date:
Mary Schalow		12/3/2024
REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117

Facility Name:	Wendys - Yreka			
		esent Health Code violations and	must be corrected as follow	we:
	The marked items repre		must be confected as follow	
		× .		
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Mar	y Schalow			12/3/2024
REHS (Print):		REHS (Signature):		Phone:
Alexa R	oche			530-841-2117
Page 3				

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