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

Facilit	Facility Name: Comfort Inn- Yreka 000184									
Address: 1804 B Fort Jones Rd., Yreka, CA 96097										
Permit Holder:Permit To Operate:										
	Vjay Kumar 🛛 🛛 Valid 🛄 Not Valid									
	Phone: 530-331-8058 E-mail: gm.yrekacomfortinn@gmail.com									
Food	Food Safety Certified Employee: Anna Perez Expiration Date: 03/2028									
						The marked items represent Health Code violations and must be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.		X						
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
	3	Storage/ Disp.				1) Observed scrambled eggs and sausages in hot warmer at 110F. Hold hot foods at				
	4	Frozen Food				135F or above. Voluntarily discarded.				
ction	5	Pure Food								
rote	6	Reused Food				1) Observed prepackaged bagel sandwiches at 47F and milk cartons at 52F at self- service cooler. Hold cold foods at 41F or below and dairy foods at 45F or below. Correct				
	7	Transportation				immediately.				
e	8	Storage Fac.								
orac		Refrig. Units		Х		9) Observed refrigerator mentioned above not holding food to temperature. Ensure				
Food Storage	10	Thermometer		2 2	<u>.</u>	equipment is fully operable and in good repair.				
Foo	00100	Hazardous Mat.				17) Observed no single-use paper towels in dispenser at the handwashing station in the				
60430	12	Spoils		5 9	8	kitchen. Ensure each handwashing station is supplied with single-use paper towels and				
up.		Wash/ Sanitize				pump soap in a dispenser, and hot water at all times. Corrected during inspection.				
./Eq	14	Equip. Condition		3						
Uten./Equip.	1000	Utensil Condition		-		17) Observed the handwashing station in the kitchen obstructed with paper towels				
	16	5				pipette brush. Ensure handwashing is free of obstruction and easily accessible for use at all times. Correct ASAP.				
80	_	Handwashing		X						
Employee	No. CO.	Employee Hygiene								
E		Employee Habits		3	-					
-	1.00	Food Cert./ Card	<u> </u>							
Water	21	Water Cross Con.			<u>.</u>					
				2						
Waste	00000	Refuse		-						
, L	-	Rodents/ Insects		3	-					
Vermin	_	Animal/ Fowl	-							
	27	Ventilation			6 V					
2833	28	Doors								
Facilities	29				8					
acil	30	Walls - Ceilings	-							
	31	Toilet Fac.		-						
	32	Janitorial Fac.								
	33									
Misc.	1000051	Clothing - Linen			_					
	1.75									
	-	Misc.								
MAJ =	_		UT =	Out	of con	npliance COS = Corrected on-site				
Receiv	ed By	y (Print): Kayla M	Iclea	Irn		Received by (Signature): Date: 12/06/2024				
REHS	REHS (Print): Chalyn Dewey									
		COMPACT DESCRIPTION OF THE PARTY OF THE PART	-							

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	The marked items re	epresent Health Code violations and mu	st be corrected as follows:
		с.	
Received By (Print):		Received by (Signature):	Date:
Ka	ayla Mclearn		12/06/2024
REHS (Print):		REHS (Signature):	Phone:
Chalyn E	Dewey		530-841-2112
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Kav	la Mclearn			,		12/06/2024
REHS (Print):			REHS (Signature):			Phone:
Chalyn	Dewey					530-841-2112
Page 3	-					

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