



### 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: <b>Yreka Community Center</b>	Permit # <b>000492</b>
Address: <b>810 N Oregon St Yreka CA 96097</b>	
Permit Holder: <b>City of Yreka</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>530-841-2365</b>	E-mail: <b>sara@madronehospice.org</b>
Food Safety Certified Employee: <b>Samantha Lukensmeyer</b>	Expiration Date: <b>05/2027</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	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		X	
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

**ROUTINE INSPECTION CONDUCTED ON THIS DATE**

14) Observed a convection oven placed completely outside the exhaust hood. To effectively remove grease laden vapors, smoke, heat, etc, ensure oven is placed with at least 6" of all sides inside the mechanical exhaust hood. Repair or correct within 90 days.

29) Observed the prep sink directly plumbed into the sewer system. Ensure this sink is indirectly plumbed with at least a 1" air gap. An air gap funnel drain system is an acceptable method to meet compliance. Repair or correct within 90 days.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Samantha Lukensmeyer</b>	Received by (Signature): _____ Date: <b>12/26/2024</b>
REHS (Print): <b>Chalyn Dewey</b>	REHS (Signature): _____ Phone: <b>530-841-2112</b>

**Facility Name:** Yreka Community Center

The marked items represent Health Code violations and must be corrected as follows:

Empty space for listing health code violations and correction details.

Received By (Print): <b>Samantha Lukensmeyer</b>	Received by (Signature):	Date: <b>12/26/2024</b>
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REHS (Print): <b>Chalyn Dewey</b>	REHS (Signature):	Phone: <b>530-841-2112</b>
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