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: Holiday Inn Express 000258									
Address: 707 Montague Rd, Yreka CA 96097									
Permit Holder: Permit To Operate: Valid Valid Not Valid									
Phone	Phone: 530-842-1600 E-mail: hiexpressyreka@gmail.com								
Food S	Food Safety Certified Employee: Jennifer Edley Expiration Date: 05/2029								
				OUT		The marked items represent Health Code violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.		X	X				
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE			
	3	Storage/ Disp.							
	4	Frozen Food				1) Observed a package of boiled eggs at 60F and numerous cold foods (milk cartons,			
tion	5	Pure Food				cheese, boiled shelled eggs) between 48F-50F stored in self-service display cooler.			
otec	6	Reused Food				Hold cold foods at 41F or colder. Dairy can be held 45F or colder. Voluntarily discarded			
Pro	7	Transportation				or correct holding temperature immediately.			
a	8	Storage Fac.				1) Observed numerous cold foods (biscuits, boiled shelled eggs, milk cartons) at 45F-			
rage	9	Refrig. Units				50F in reach-in refrigerator in the kitchen. Again, hold cold foods at 41F or colder. Dairy			
Food Storage	10	Thermometer				can be held 45F or colder. Lower refrigerator temperature setting immediately.			
	11	Hazardous Mat.							
ш	12	Spoils	8			17) Observed no paper-towels in dispenser and wash clothes stored in the handwash basin at handwash facility in the kitchen. Ensure handwash station is only used for			
ip.	13	Wash/ Sanitize	8		0	handwashing purposes and sink is unobstructed or easily accessible for use at all times.			
Uten./Equip.	14	Equip. Condition				Corrected during inspection.			
ten./	15	Utensil Condition							
5	16	Storage		- 					
Φ	17	Handwashing		X	×				
loye	18	Employee Hygiene							
Employee	_	Employee Habits							
	1000	Food Cert./ Card							
Water	-	Water							
		Cross Con.							
Waste		Liquid Waste							
		Refuse							
Vermin		Rodents/ Insects	-						
Ve	0 0	Animal/ Fowl	-						
	_	Ventilation							
es	1 2	Doors			8				
Facilities	29	Floors							
ц		Walls - Ceilings		-	2				
	31	Toilet Fac.		<u> </u>	,				
	32	Janitorial Fac.			2				
	-	A SACRAGE CONTRACTOR							
Misc.		Clothing - Linen		-					
	_	Signs	-	<u> </u>	-				
MAJ =		Misc. or violation	OUT =	Out	of com	apliance COS = Corrected on-site			
		y (Print): Jennife				Received by (Signature): Date: 12/27/2024			
REHS (REHS (Print): Chalyn Dewey								
			_		-				

Facility Name: H	loliday Inn Express			
	The marked items repr	esent Health Code violatior	ns and must be corrected as follow	WS:
		Popping by (Cirrenting)		Data
Received By (Print):	nifer Edley	Received by (Signature):		Date: 12/27/2024
REHS (Print): Chalyn De	Wev	REHS (Signature):		Phone: 530-841-2112
Charyn De	wey			000 041-2112

Facility Name:	Holiday Inn Ex	press			
	The marked it	tems represent Health Code v	iolations and must be	e corrected as follow	S:
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		κ.			
		Possived by (Cirr	atura).		Data:
Received By (Print): Jenr	nifer Edley	Received by (Sign	aiule).		Date: 12/27/2024
REHS (Print):		REHS (Signature)):		Phone:
Chalyn	Dewey		,-		530-841-2112
Page 3					

Facility Name:	Holiday Inn Express			
	The marked items re	present Health Code violations	and must be corrected as follo	WS:
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		ζ.		
Received By (Print):	nifer Edley	Received by (Signature):		Date: 12/27/2024
REHS (Print):		DEUS (Signatura)		Phone:
Chalyn D	ewey	REHS (Signature):		530-841-2112