



### 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>Multisite Management, LLC</b> | Permit # <b>000357</b>   |
| Address: <b>735 N Main St, Yreka CA 96097</b>   |  |
| Permit Holder: <b>Multisite Management, LLC</b> | Permit To Operate:<br><input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: <b>530-842-6539</b>                      | E-mail: <b>832@porters.us.com</b>  |
| Food Safety Certified Employee: <b>N/A</b>      | Expiration Date:   |

|                       |    | MAJ               | OUT | COS |  |
|-----------------------|----|-------------------|-----|-----|--|
|                       |    |                   |     |     | The marked items represent Health Code violations and must be corrected as follows:  |
| Protection Time/Temp. | 1  | Food Temp.        |     |     | <p style="text-align: center; font-weight: bold;">FOLLOW-UP INSPECTION CONDUCTED ON THIS DATE</p> <p>The following observations were made today in regards to rodent issue noted on 1/14/2025 complaint inspection report:</p> <p>25, 29) Observed no active/live rodents. Per store manager, a live rodent was caught in the past week. Observed attempts to clean rodent droppings on floors at hard-to-reach areas. However, rodent droppings were observed behind one of the shelving kick boards. No professional pest control service were obtained as suggested on last inspection report.</p> <p>Again, maintain facility in cleanly manner and is constructed, equipped, maintained, and operated to prevent the entrance and harborage of insects, rodents, insects, etc. Dispose or destroy contaminated foods with evidence of gnaw marks. Practice rodent exclusion controls like sealing holes, rodent door strips, 16-gauge wire mesh, etc. Continue to clean and sanitize all shelves and canned foods and/or obtain professional pest control service within 7 days. A reinspection will be conducted in 7 days.</p> <p><b>A REINSPECTION FEE WILL BE ASSESSED TO REPEAT NON-COMPLIANCE.</b></p> <p>NOTE: Continue to work on washing, cleaning, sanitizing, and rodent proofing the detached shed.</p> |
|                       | 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  |     |     |  |
|                       | 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  |     | X   |  |
|                       | 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.             |     |     |  |

|   |  |
|---|--|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site |  |
| Received By (Print): <b>Rochelle Wight</b>                                  | Received by (Signature): _____ Date: <b>01/22/2025</b> |
| REHS (Print): <b>Chalyn Dewey</b>   | REHS (Signature): _____ Phone: <b>530-841-2112</b>     |

**Facility Name:** Multisite Management, LLC

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

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REHS (Print): Chalyn Dewey      REHS (Signature):      Phone: 530-841-2112

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