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: Yreka Chevron Permit # 000490											
Addres	·C·	200 N Main St			CA	96097					
Permit	Hol	^{der:} Mountain (Coun	ties	Sup	Permit To Operate: Valid Not Valid					
Phone: 530-842-6882 E-mail: yrekachevron@mtcounties.com											
Food Safety Certified Employee: N/A Expiration Date:											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
emp.	1	Food Temp.	140.10	001	000						
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
e/T	3	Storage/ Disp.									
Protection Time/ Temp.	4	Frozen Food				14) 2ND NOTICE - Observed an unapproved, not ANSI certified Vevor ice cream					
	5	Pure Food				machine stored on the self-service counter. An "out of order" sign is displayed on the					
otec	6	Reused Food				front panel, but hose is still connected to a valve. Disconnect all connected valves a					
Pro	7	Transportation				move ice machine into storage immediately.					
(4)	8	Storage Fac.				14) Observed black slimy buildup on the splash shield inside the ice machine. Prevent					
rage	9	Refrig. Units	- 2.0		-	cross contaminating ice by maintaining equipment in a clean manner at all times.					
Food Storage	10	Thermometer				Discontinue use, dispose all ice, and wash and sanitize inside ice bin according to					
poo	11	Hazardous Mat.			,	manufacturer instruction.					
Ľ.	12	Spoils				20) 2ND NOTICE. Observed the healt deer entrepes wide over Engine deere ere					
ip.	13	Wash/ Sanitize				28) 2ND NOTICE - Observed the back door entrance wide open. Ensure doors are closed at all times to prevent entrances of vermin, insects, or other external					
Equi	14	Equip. Condition		X		contaminants. Corrected onsite.					
Uten./Equip.	15	Utensil Condition									
5	16	Storage									
е	17	Handwashing				A DEINODECTION FEE WILL BE ACCESSED TO FLITLIDE DEDEAT NON					
oye	18	Employee Hygiene				A REINSPECTION FEE WILL BE ASSESSED TO FUTURE REPEAT NON- COMPLIANCE.					
Employee	19	Employee Habits				COMI LIANCE.					
	20	Food Cert./ Card									
Water	21	Water									
Š	22	Cross Con.									
Waste	_	Liquid Waste									
	24	Refuse									
Vermin	10000	Rodents/ Insects									
Ve	26	Animal/ Fowl			0						
		Ventilation	Ш								
es	-	Doors		X							
Facilities		Floors									
Fa	30	Walls - Ceilings		4							
		Toilet Fac.	Ш								
	32	Janitorial Fac.									
		Lighting									
Misc.		Clothing - Linen									
	Conservation	Signs									
MA I -		Misc. or violation (VIT -	Out	of con	pliance COS - Corrected on site					
		y (Print):	101 =	Out (or COIT	ppliance COS = Corrected on-site Received by (Signature): Date:					
Raja Singh 01/30/2025											
REHS (Print): REHS (Signature): Phone: 530-841-2112											

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	The marked items represent Health Code violations and must be corrected as follows:	
Described By (D. C. C.	Possition by (Circusture)	
Received By (Print): Ra	Received by (Signature): Date: aja Singh 0	1/30/2025
REHS (Print):	REHS (Signature): Phone:	
Chalyn D	Dewey 530-	841-2112

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Chalyn		30-841-2112							

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