

Food Program Official Inspection Report

SISKIYOU COUNTY PUBLIC HEALTH & COMMUNITY DEVELOPMENT

806 S. Main Street Yreka, California 96097

ph: (530) 841-2100, fax: (530) 841-4076

Facility Name: NATURE'S KITCHEN CMHC# 100							^{CMHC#} 100265	
Addre	ss:	412 S. N	MAIN	1 S'	ΓR	EET YREKA, CA 96097		
Permit Holder: CLIFFORD CLOUSE							Permit To Operate: ☐ Not Valid	
Phone	:					E-mail:		
Food Safety Certified Employee: CLIFFORD CLOUSE Expiration Dat							Expiration Date: 10/2021	
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				ROUTINE INSPECTION CONDUCTED	ON THIS DATE.	
	3	Storage/ Disp.						
	4	Frozen Food						
	5	Pure Food						
	6	Reused Food				ALL FOOD HANDLING IS SATISFACTOR	RY AT PRESENT TIME.	
		Transportation						
Food Storage		Storage Fac.						
	9	Refrig. Units						
	10	Thermometer						
		Hazardous Mat.						
		Spoils		_				
er Employee Uten./Equip.		Wash/ Sanitize		_				
		Equip. Condition		-				
		Utensil Condition		-				
		Storage		-				
		Handwashing		_				
		Employee Hygiene						
		Employee Habits Food Cert./ Card						
		Water						
Water		Cross Con.						
		Liquid Waste						
Waste		Refuse		1				
rmir		Rodents/ Insects						
Verr		Animal/ Fowl						
Misc. Facilities		Ventilation						
	28	Doors						
	29	Floors				NOTE: FACILITY IS INSTRUCTED TO ADDRE	SS THE FLOOR BOARDS.	
	30	Walls - Ceilings				CLEAN ON AN AS-NEEDED BASIS		
	31	Toilet Fac.						
	32	Janitorial Fac.						
	33	Lighting						
	34	Clothing - Linen						
	35	Signs						
		Misc.						
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Date: 1/04/2000								
FLANNERY CLOUSE 1/24/2022								
REHS (REHS (Print): ZAKIYA RAHH REHS (Signature): Phone: 841-2112							