



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: SMOKED TOMATO PIE | CMHC# |
| Address: 106 RANCH LN STE D | |
| Permit Holder: SMOKED TOMATO PIE, LLC | Permit To Operate: <input checked="" type="checkbox"/> <input type="checkbox"/> Not Valid |
| Phone: 530-841-7119 | E-mail: THEFOLKS@SMOKEDTOMATOPIE.COM |

Expiration Date:

ROBERT GEBHARDT

| | | MAJ | OUT | COS | |
|------------------------|----|-------------------|-----|-----|--|
| Protection Time/ Temp. | 1 | Food Temp. | | | ROUTINE INSPECTION CONDUCTED ON THIS DATE. |
| | 2 | Prep./ Service | | | |
| | 3 | Storage/ Disp. | | | |
| | 4 | Frozen Food | | | |
| | 5 | Pure Food | | | |
| | 6 | Reused Food | | | |
| | 7 | Transportation | | | |
| Food Storage | 8 | Storage Fac. | | | ALL FOOD HANDLING SATISFACTORY AT PRESENT TIME. |
| | 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 | | | |
| Vermir | 25 | Rodents/ Insects | | | |
| | 26 | Animal/ Fowl | | | |
| Facilities | 27 | Ventilation | | | NOTE: FACILITY IS INSTRUCTED TO DESIGNATE AN AREA FOR EMPLOYEES TO HANG APRONS WHEN LEAVING KITCHEN FOR BREAK/RESTROOM. |
| | 28 | Doors | | | |
| | 29 | Floors | | | |
| | 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): KATHLEEN GEBHARDT | Received by (Signature): | Date: 2/10/2022 |
| REHS (Print): ZAKIYA RAHH | REHS (Signature): | Phone: 841-2112 |