

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	Nar	^{ne:} Spill the E	3ean:	S		Permit #					
Addres	s:	-			ИсСI	oud, CA, 96057					
Permit Holder: Traci's Cafe LLC						Permit To Operate: O Valid O Not Valid					
Phone	3	860-531-4910				E-mail: tracishirley17@gmail.com					
Food S	Food Safety Certified Employee: Expiration Date:										
			МАТ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:					
- i	1	Food Temp.	1017 10	001	000						
Protection Time/ Temp.		Prep./ Service	+			PRE-OPENING INSPECTION CONDUCTED THIS DATE					
	-	Storage/ Disp.									
	_	Frozen Food									
	5	Pure Food									
tect		Reused Food									
Pro		Transportation				This facility is approved to open when the following is completed:					
		Storage Fac.									
Storage		Refrig. Units				1. All bare wood in the facility needs to be finished as to be smooth, durable, easily					
	_	Thermometer		<u> </u>		cleanable, and non-porous. Latex paint is not durable enough.					
Food (Hazardous Mat.				2. Remove any unapproved equipment. Get pre-approval from this department prior to					
Ь	_	Spoils				installing any new equipment.					
		Wash/ Sanitize									
Uten./Equip.		Equip. Condition				3. Obtain all licenses and permits required by any regulatory agency with oversight of					
		Utensil Condition				this facility. This includes obtaining a operating permit from this department.					
Ute	_	Storage				4. Obtain a feed group and office to within 00 days					
	_	Handwashing	+			Obtain a food manager certificate within 60 days.					
Employee	_	Employee Hygiene									
oldı		Employee Habits									
Ē	_	Food Cert./ Card									
e	-	Water	+								
Water		Cross Con.									
	23	Liquid Waste									
Waste		Refuse									
nin	25	Rodents/ Insects	1								
Vermin	26	Animal/ Fowl									
	27	Ventilation									
(n		Doors									
Facilities	29	Floors									
Fac	30	Walls - Ceilings									
	31	Toilet Fac.				1					
	32	Janitorial Fac.									
	33	Lighting									
ن	34	Clothing - Linen									
Misc.	35	Signs									
_	36	Misc.				^					
MAJ = Major violation OUT = Out of compliance COS = Corrected on-side											
Receive	d By	(Print): Traci S	hirle	<u>/</u>		Received by (Signature): Date: 05/03/2023					
REHS (REHS (Print): Rick Florendo Phone: 530-841-2114										
		Dogo 1				Last modified 4/12/2023					

Page 1

Facility Name:	Spill the Beans	
	The marked items represent Health Code violations and must be corrected	as follows:
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	· ·	
Received By (Print):	Received by (Signature):	Date:
Tra	aci Shirley	05/03/2023
RFHS (Print)	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Spill the Beans	
	The marked items represent Health Code violations and must be corrected as follows:	
•		
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Received By (Print):	Received by (Signature): Date	ə:
Trac	ci Shirley	05/03/2023
RFHS (Print):	REHS (Signature):	no:

530-841-2114

Rick Florendo

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	· ·	
Deserting at Division 1.	Descriped by (Cimpatrica):	
	aci Shirley	05/03/2023
REHS (Print): Rick Flo	REHS (Signature): Pho prendo 5	one: 30-841-2114