

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	Na	me: Natalee T	hai C	Cuisir	ne	Permit # 000358						
Addres	ss:	105 E Miner S	treet	Yrel	ка С	a 96097						
Permit Holder: Permit To Operate: Rattakarn Andreas • Valid • Not Valid												
Phone	530-842-7939 ratakam 1966@notmail.com											
Food S	Food Safety Certified Employee: Pootthan Phonpanom Expiration Date: 9/2027											
				OUT								
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE						
	2	Prep./ Service		X	X							
	3	Storage/ Disp.				2) Observed raw meat being thawed at room temperature. Facility is instructed to utilize proper						
	4	Frozen Food				thawing methods: Thaw under cool running water, thaw by microwave and cook it immediately after, thaw in the cooking process. Corrected on-site.						
	5	Pure Food				alter, thaw in the cooking process. Corrected on-site.						
otec	6	Reused Food										
Pre	7	Transportation										
Food Storage	8	Storage Fac.										
	9	Refrig. Units										
	10	Thermometer										
000	11	Hazardous Mat.										
4	12	Spoils										
iip.	13	Wash/ Sanitize										
Uten./Equip.	14	Equip. Condition										
ten./	15	Utensil Condition										
ın	16	Storage										
е	17	Handwashing										
Employee	18	Employee Hygiene										
dw:	19	Employee Habits										
	20	Food Cert./ Card										
Water		Water										
	22	Cross Con.										
aste	23	Liquid Waste										
Waste	24	Refuse										
Vermin Waste		Rodents/ Insects										
Vermin	26	Animal/ Fowl										
	27	Ventilation	Ш									
es	28	Doors	Ш									
Facilities		Floors										
Fa	30	Walls - Ceilings										
	31	Toilet Fac.										
	32	Janitorial Fac.	Ш									
		Lighting										
Misc.		Clothing - Linen										
		Signs										
		Misc.		<u></u>	Ļ							
		or violation (JU I =	Out	of con	npliance COS = Corrected on-site Received by (Signature): Date:						
		Rattaka	ırn A	ndre	as	8/22/2023						
REHS (Print	t): Alexa Roche	9			REHS (Signature): Phone: 530-841-2117						

Facility Name:	Natalee Thai Cuisine	
	The marked items represent Health Code violations and must be corrected as follows:	ows:
	· ·	
Received By (Print):	Received by (Signature):	Date:
REHS (Print):	attakarn Andreas REHS (Signature):	8/22/2023 Phone:

530-841-2117

Alexa Roche

Facility Name:	Natalee Thai Cuisine	
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Ratta	akarn Andreas	8/22/2023
REHS (Print):	REHS (Signature):	hone:

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Alexa Roche

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REHS (Print):	REHS (Signature): Phon	

530-841-2117

Alexa Roche