

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: Gigi's Diner Permit #											
Addres		424 Hwy A-12		ada C	A 96038						
Permit	Hole	^{der:} Naftali Burs	stein			Permit To Operate: Valid Not Valid					
Phone:	Phone: 3238226600 E-mail: 8226600@gmail.com										
Food S	afet	ty Certified Employ	ee:			Expiration Date:					
			MAJ	OUT CC	S The marked items represent Hea	Ith Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.			PRE-OPENING INSPECTION CONDUC						
	2	Prep./ Service			THE OF ENTITION TO LOTTON CONTROL	TES CIVITING BATE					
	3	Storage/ Disp.			This facility is conditionally approved to open when the following is completed: 1) Repair or replace broken tiles throughout the facility 2) Seal opening in the walk-in refrigerator 3) Clean and sanitize fan screen in the walk-in refrigerator	pen when the following is completed:					
	4	Frozen Food				out the facility					
	5	Pure Food									
	6	Reused Food									
	7	Transportation			4) Remove and seal flaking paint on the						
Ф	8	Storage Fac.				or causing ice to drip onto the storage racks.					
orag	9	Refrig. Units			6) Remove all household food equipmen 7) Keep all proof of pest control records						
Food Storage	10	Thermometer				ood debris. Clean and sanitize all cooking equipment to					
-000		Hazardous Mat.			manufacturer specifications.						
ъ.	12	Spoils			9) Before the purchase any other facility						
ġ.		Wash/ Sanitize				r to prevent the entrance of vectors, seal holes, close-off vices and sweepers on the doors for the restroom.					
Uten./Equip.	14	Equip. Condition			11) Install prep sink	nices and sweepers on the doors for the restroom.					
lten.	15	Utensil Condition			12) Obtain Food Manager Certification with the next 60 days.						
	16	Storage									
90		Handwashing			Obtain any necessary permits or licenses as required by all other agencies with regulatory of this facility.						
Employee		Employee Hygiene		_	of this facility.						
Emp		Employee Habits		_	Contact this department, when all requirements are met, to schedule a opening inspection.						
		Food Cert./ Card		_							
Water		Water									
Waste		Liquid Waste			-						
		Refuse			-						
Vermin		Rodents/ Insects			-						
>		Animal/ Fowl			-						
		Ventilation Doors		+	1						
ties		Floors			-						
-acilities		Walls - Ceilings	\vdash		-						
ш		Toilet Fac.									
	32	Janitorial Fac.		+							
		Lighting			-						
.,		Clothing - Linen		- -	†						
Misc.		Signs			†						
		Misc.			†						
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: Naftali Burstein 2/1/2024											
REHS (Print): REHS (Signature): Phone: 530-841-2117											

Facility Name:	Gigi's Diner					
	The marked items re	epresent Health Code violations and must be	corrected as follows:			
Received By (Print):		Received by (Signature):	Date:			
Na	ıftali Burstein		2/1/2024			
REHS (Print): Alexa Ro	che	REHS (Signature):	Phone: 530-841-2117			

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REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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	ali Burstein	Received by (Signature):	Date: 2/1/2024
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117