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: Kathy's Deli and Bakery Permit # 000279										
Addres	ss:	180 S. Webb S	St., Mo	ontagu	e, CA 96064					
Permit	Hol	^{der:} Kathy Lega	เท		Permit To Operate: Valid Not Valid					
Phone	-	30-459-5093			E-mail: kathysbakery@icloud.com					
Food S		ty Certified Employ	ee: _{IZ}	مايرطف	Expiration Date: 02/2024					
	1	Food Temp.		OUT CO	The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.		Prep./ Service	-	$\stackrel{\sim}{+}$	ROUTINE INSPECTION CONDUCTED THIS DATE					
		Storage/ Disp.		$\times \times$	1) Observed numerous cold deli meets and absence at ESE. Hold cold foods at 41E or					
		Frozen Food	<u> </u>		1) Observed numerous cold deli meats and cheese at 52F. Hold cold foods at 41F or dairy at 45F or below. Correct immediately.					
tion	5	Pure Food			dany at 101 of bolow. Confect miniodiatory.					
tect	6	Reused Food			9) Observed the refrigeration unit mentioned above not holding cold foods to					
Pro	7	Transportation			temperature. Maintain the unit in good repair and fully serviceable. Correct immediately.					
Food Storage	8	Storage Fac.			10) Observed the internal thermometer broken in the deli prep cooler box. Obtain a new					
	9	Refrig. Units		X	thermometer to properly measure temperature of cold foods.					
Sto	10	Thermometer		X						
poo	11	Hazardous Mat.			3) Observed food and single-use utensils stored on the ground in the food storage area.					
ш	12	Spoils			Store all foods and single-use utensils 6" off the floor. Corrected during inspection.					
ip.	13	Wash/ Sanitize			17) Observed the handwashing station obstructed with a toaster on top of a cutting					
Equ	14	Equip. Condition			board. Ensure handwashing station is accessible at all times for use and is constantly					
Uten./Equip.	15	Utensil Condition			supplied with warm water, pump soap and single-use paper towels in a dispenser.					
Ď	16	Storage			Correct immediately.					
Ф	17	Handwashing		X	25, 28) Observed numerous rodent/vermin droppings throughout the facility including					
Employee	18	Employee Hygiene			storage area. Observed a gap on the bottom of the main door to the food storage area.					
dw:	19	Employee Habits			Ensure facility is equipped to prevent entrance of rodents/vermin and is maintained					
	20	Food Cert./ Card			clean at all times. Correct within 7 days.					
Water		Water			C4) Observed accessive heighter of sound because in the food atomore area. Fracture the					
≥		Cross Con.			24) Observed excessive buildup of card boards in the food storage area. Ensure the food facility is maintained to prevent harborage of rodents or vermin. Correct					
Waste	_	Liquid Waste	.		immediately.					
<u> </u>		Refuse		X _	<u> </u>					
Vermin		Rodents/ Insects		× _	4					
Š		Animal/ Fowl	н		4					
	27	Ventilation	Н.	. -	-					
ies		Doors	H	×	-					
Facilities		Floors Walls - Ceilings	Н		-					
ш			\vdash		-					
	31 32	Toilet Fac. Janitorial Fac.			-					
		Lighting	Н		-					
		Clothing - Linen	Н	-	1					
Misc.		Signs	\vdash		1					
≥		Misc.	\vdash	-	1					
MAJ =			UT = C	Out of co	I mpliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date:										
	Kathy Legan 02/06/2024									
REHS (Print	chalyn Dewe	Э у		REHS (Signature): Phone: 530-841-2112					

Facility Name:	Kathy's Deli and Bakery	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date:	
Ka	athy Legan	02/06/2024
REHS (Print):	REHS (Signature): Phon	e: 0 941 3443
Chalyn D	Dewey 53	0-841-2112

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		Description (C)	
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