



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: Ellie's Espresso	Permit # 000220
Address: 79 S Weed Blvd, Weed CA 96094	
Permit Holder: Robert West	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone:	E-mail: rbwestjr68@gmail.com
Food Safety Certified Employee: Julia Fernandez	Expiration Date: 07/2023

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize		X	
	14	Equip. Condition		X	
Employee	15	Utensil Condition			
	16	Storage		X	
	17	Handwashing		X	
	18	Employee Hygiene			
Water	19	Employee Habits			
	20	Food Cert./ Card			
Waste	21	Water			
	22	Cross Con.			
Vermin	23	Liquid Waste			
	24	Refuse			
Facilities	25	Rodents/ Insects			
	26	Animal/ Fowl			
	27	Ventilation			
	28	Doors			
	29	Floors		X	
	30	Walls - Ceilings		X	
	31	Toilet Fac.		X	
Misc.	32	Janitorial Fac.			
	33	Lighting			
	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED ON THIS DATE

14) Observed the buildup of food debris in the reach-in refrigerators and freezers throughout the facility. Maintain all equipment as to be sanitary and in good serviceable condition at all times. Clean and sanitize as soon as possible.

14) Observed bare wood shelving throughout the entire facility. Ensure these surfaces to be smooth, durable, nonabsorbent, and easily cleanable. Repair or replace within the next 30 days.

13,14) Observed buildup of food debris on the storage and shelving equipment in the both food preparation areas. Repair bare wood, then wash and sanitize equipment as manufacturer specifications are stated. Correct immediately.

14) Observed HOUSEHOLD USE ONLY toaster oven. Ensure equipment utilized are ANSI or NSF certified. Remove or replace these units and provide manufacturer cut sheets for preapproval.

29,30) Observed excessive build of dirt, dust and food debris throughout the entire facility and hard to reach places. Maintain facility is in a cleanable state. Correct immediately.

29) Observed tears and damages to the linoleum of the floors in the kitchen area. Ensure floors are serviceable, cleanable, and nonabsorbent. Repair within 90 days.

31) Observed a minor drip coming from the hot water shut-off valve beneath the bathroom sink. Repair or repair within the next 60 days.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Bob West Received by (Signature): _____ Date: 2/9/2024
REHS (Print): Alexa Roche REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Ellie's Espresso

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):
Bob West

Received by (Signature):

Date:
2/9/2024

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: Ellie's Espresso

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):
Bob West

Received by (Signature):

Date:
2/9/2024

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: Ellie's Espresso

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):
Bob West

Received by (Signature):

Date:
2/9/2024

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117