



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: Bella Art Works & Ice Cream	Permit # 000107
Address: 117 W Miner St., Yreka, CA 96097	
Permit Holder: Talya Nicholson	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-842-5411	E-mail: bellaartworks@hotmail.com
Food Safety Certified Employee: Talya Nicholson	Expiration Date: 06/2027

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; font-weight: bold; margin-bottom: 20px;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>14) Observed 2 non-commercial/non-NSF ice machines. All equipment must meet the requirements of being NSF, ETL sanitation, or ANSI certified. Obtain a new ice machine within 90 days. Provide cut sheets to the health department for preapproval prior to purchase.</p> <p>14) Observed the prep sink and ice machine beneath the prep sink being indirect plumbed to the floor sink without a 1" air gap. Plumb and drain these units with a 1" air gap to prevent against backflow of waste. Repair or correct within 90 days.</p> <p>14) Observed a strong odor of smoke in the facility. Observed two panini grills in use without a ventilation system/exhaust hood. Only one panini is approved to be used without a hood. Remove a grill from facility immediately.</p> <p>NOTE: If facility wants to expand to be able to use 2 panini grills or other cooking equipment that produces smoke, grease, heat, odor, and/or vapor, then an ventilation system is required. If a building permit is required, then a plan check will need to be submitted prior to construction.</p> <p style="text-align: center; margin-top: 20px;">NOTE: email spec/cut sheets to: cdewey@co.siskiyou.ca.us</p>
	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	
	15	Utensil Condition			
Employee	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
Water	20	Food Cert./ Card			
	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Talya Nicholson Received by (Signature): _____ Date: 02/09/2024
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Bella Art Works & Ice Cream

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

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REHS (Print): Chalyn Dewey REHS (Signature): Phone: 530-841-2112

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

Empty area for listing health code violations and correction details.

Received By (Print): Talya Nicholson	Received by (Signature):	Date: 02/09/2024
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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Talya Nicholson

Received by (Signature):

Date:
02/09/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112