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: The Wine	Bar :	and	Bistr	Permit # 000465					
Addres	s:	314 S Broadwa									
Permit	Permit Holder: Permit To Operate:										
Phone		Sunshine E	setts			E-mail:i. a.b. a.v.a. db.iatva 04 @ .vva sil a.a.v.a					
530-905-0063 Wineparandbistro21@gmail.com											
Food S	Food Safety Certified Employee: Sunshine Betts Expiration Date: 08/2027										
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:					
.d	1	Food Temp.				FOLLOW UP INSPECTION CONDUCTED THIS DATE					
ne/ Tem	2	Prep./ Service				TOLLOW OF INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
ΠŢ	4	Frozen Food									
ctio		Pure Food				14) Observed 2 counter top convection ovens utilized without an exhaust hood. The					
rote		Reused Food				convection ovens are stored next to an ice machine. These convection ovens were never approved to be used or submitted into any plans. Equipment can be replaced w					
凸		Transportation				a ventless convection oven if an exhaust system is not possible to built. Discontinue us					
ge		Storage Fac.				and remove equipment, and/or replace equipment within 90 days.					
tora		Refrig. Units									
S po		Thermometer									
Foc		Hazardous Mat.									
		Spoils				Note: New equipment shall be ANSI/NSF certified. Provide cut/spec sheet of equipment					
uip.		Wash/ Sanitize				prior to purchase for preapproval. "Equipment and Utensils" form handed out.					
./Ec		Equip. Condition		X							
Jten		Utensil Condition									
		Storage									
9		Handwashing									
ploy		Employee Hygiene									
Em		Employee Habits									
Ļ.		Food Cert./ Card									
Vate		Water Cross Con.									
/ast		Liquid Waste Refuse									
Permit Ho Phone: Food Safe A											
		Rodents/ Insects Animal/ Fowl									
>											
		Ventilation Doors	Н								
ties		Floors									
acilli		Walls - Ceilings									
ш		Toilet Fac.									
		Janitorial Fac.									
ŀ		Lighting	Н								
		Clothing - Linen	Н								
		Signs									
		Misc.	Н								
MAJ =			UT =	Out o	of con	apliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date: Sunshine Betts 02/14/2024											
REHS (Print): REHS (Signature): Chalyn Dewey					REHS (Signature): Phone: 530-841-2112						

Facility Name: The Wine Bar ar	nd Bistro	
The marked iter	ms represent Health Code violations and must be co	prrected as follows:
,		
Pageinad By (Drint):	Received by (Signature):	Data
Received By (Print): Sunshine Betts	neceived by (Signature).	Date: 02/14/2024
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey		530-841-2112

Facility Name:	The Wine Bar and Bis	tro	
	The marked items rep	resent Health Code violations and must be co	orrected as follows:
	hine Betts	Received by (Signature):	Date: 02/14/2024
REHS (Print): Chalyn D	Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	The Wine Bar and Bistro		
	The marked items represent Health Co	ode violations and must be corrected as follow	ws:
Received By (Print): Sun	Received by shine Betts	(Signature):	Date: 02/14/2024
REHS (Print): Chalyn D	REHS (Sign	ature):	Phone: 530-841-2112