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: Smoked Tomato Pie	Permit # 000770

Address: Smoked Tomato Pie, LLC

Permit Holder: Smoked Tomato Pie, LLC	Permit To Operate: ☒ Valid ☐ Not Valid

Phone: 530-841-7119	E-mail: thefolks@smokedtomatopie.com

Food Safety Certified Employee: Kathleen T. Gerhardt	Expiration Date: 11/2028

			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.				**ROUTINE INSPECTION CONDUCTED THIS DATE**
	2	Prep./ Service				
	3	Storage/ Disp.				
	4	Frozen Food				9,14) Observed a broken lid to the connoli deli prep cooler. Observed a broken seal around right door of pizza dough proofing refrigerator. Maintain all equipment in good repair. Repair or correct within 90 days.
	5	Pure Food				
	6	Reused Food				
	7	Transportation				
Food Storage	8	Storage Fac.				14) Observed Household Use Only KitchenAid mixer. Utilize equipment that is NSF/ANSI approved or accredited. Discontinue use and remove item from facility immediately. New equipment requires preapproval from the health department. Provide manufacture cut/spec sheet before purchase and for preapproval.
	9	Refrig. Units		X		
	10	Thermometer				
	11	Hazardous Mat.				
	12	Spoils				14) Observed buildup on the can opener. Maintain equipment in a clean manner at all times. Clean and sanitize immediately.
Uten./Equip.	13	Wash/ Sanitize				
	14	Equip. Condition		X		17) Observed paper towel not held in a dispenser. Ensure all handwashing facilities are constantly supplied with hot water, pump soap, and single-use paper towel in a dispenser. Correct immediately.
	15	Utensil Condition				
	16	Storage				
Employee	17	Handwashing		X		
	18	Employee Hygiene				24) Observed cardboard piled up immediately outside the back door exit. Ensure all refuse are disposed in designated area and in in a manner that does not attract or harbor vermin or insect. Correct immediately.
	19	Employee Habits				
	20	Food Cert./ Card				
Water	21	Water				29) Observed the 3 compartment sink and dishwasher draining into floor sink without a 1" air gap. Ensure these pipes are drained indirectly with atleast a 1" air gap above the lip of the lip of the floor sink. Repair or correct within 90 days.
	22	Cross Con.				
Waste	23	Liquid Waste				
	24	Refuse		X		
Vermin	25	Rodents/ Insects				
	26	Animal/ Fowl				
Facilities	27	Ventilation				
	28	Doors				
	29	Floors		X		
	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): Sara Beers	Received by (Signature):	Date: 02/20/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

Page 1

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

Received By (Print):	Received by (Signature):	Date:
Sara Beers		02/20/2024

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

Facility Name: Smoked Tomato Pie

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Received By (Print): Sara Beers

Received by (Signature):

Date: 02/20/2024

REHS (Print): Chalyn Dewey

REHS (Signature):

Phone: 530-841-2112

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Sara Beers

Received by (Signature):

Date:

02/20/2024

REHS (Print):

Chalyn Dewey

REHS (Signature):

Phone:

530-841-2112