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:} Strings Ital	ian C	afe	Permit # 000442				
Addres	ss:	322 W Miner S	treet	Yreka	CA 96097				
Permit Holder: Dennis Faust Permit To Operate: Valid Not Valid									
Phone: 530-842-7704 E-mail: lisafaust80@yahoo.com									
Food Safety Certified Employee: Dennis Faust Expiration Date: 04/2028									
				DUT C					
- i	1	Food Temp.		X	·				
emp	2	Prep./ Service			ROUTINE INSPECTION CONDUCTED ON THIS DATE				
otection Time/ T	3	Storage/ Disp.			1) Observed cold foods in the deli prep cooler next to the cooking stove measuring at				
	4	Frozen Food			47F. Hold cold foods at 41F or below. Correct immediately.				
	5	Pure Food]				
	6	Reused Food			14) Observed water pooling on the bottom of the cabinet in the deli-prep above. Maintain				
Ā	7	Transportation			equipment in good repair, clean, and fully serviceable. Corrected during inspection.				
d Storage	8	Storage Fac.			14) Observed the vinyl around the deli prep cooler mentioned above broken, exposing				
	9	Refrig. Units			bare wood underneath. Observed a buildup of grease on the bare wood. Ensure the				
	10	Thermometer			finishes to the prep cooler to be smooth, easily cleanable, nonabsorbent, and durable.				
poo	11	Hazardous Mat.			Repair or correct within 90 days.				
В	12	Spoils			14) Observed dust buildup around the compressor and guard in the walk in refrigerator				
Uten./Equip.	13	Wash/ Sanitize			 14) Observed dust buildup around the compressor and guard in the walk-in refrigerator, freezer, and deli prep coolers. Observed buildup of dust or grease around multiple 				
	14	Equip. Condition		X	shelving equipments, including ansul system. Maintain these units in a clean, sanitize,				
	15	Utensil Condition			and/or fully operable at all times. Correct immediately.				
	16	Storage			1				
4)	17	Handwashing			14) Observed a pizza cooking equipment extending out of the type I hood, outside of				
oye	18	Employee Hygiene			one of the fire suppression nozzle. Ensure this unit is installed atleast 4" inside the hood an all sides. Repair or correct within 90 days.				
ш	19	Employee Habits			Thou arrain sides. Repair of correct within 50 days.				
Em	20	Food Cert./ Card			28) Observed service door to the kitchen with rough edges and bare wood.				
ater	21	Water			Requirements pertaining the kitchen swinging door shall be smooth, durable,				
× ×	22	Cross Con.			nonabsorbent, and cleanable. Repair or replace as soon as possible. 2ND NOTICE				
ıste	23	Liquid Waste							
	24	Refuse							
Protection Time/ Tempo. Facilities	25	Rodents/ Insects							
	26	Animal/ Fowl							
	27	Ventilation							
S	28	Doors		X L					
cilitie	29	Floors							
Fa	30	Walls - Ceilings							
	31	Toilet Fac.							
	32	Janitorial Fac.							
	33	Lighting	Ш						
Misc.	34	Clothing - Linen							
	35	Signs	Ш	\perp	_				
		Misc.							
			UT = C	Out of o	Impliance COS = Corrected on-site				
Received By (Print): Received by (Signature): Date: Lisa Faust 03/06/2025									
REHS (Print): REHS (Signature): Phone: 530-841-2112									

Facility Name:	Strings Italian Cafe	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print): Lis	Received by (Signature): Date sa Faust	03/06/2025
REHS (Print): Chalyn D	REHS (Signature): Phor Dewey 53	e: :0-841-2112

Facility Name:	Strings Italian Cafe		
	The marked items represent	Health Code violations and must be corrected as	follows:
	Faust	eceived by (Signature):	Date: 03/06/2025
REHS (Print): Chalyn I	R Dewey	EHS (Signature):	Phone: 530-841-2112

Facility Name:	Strings Italian Cafe						
	The marked items represent Health Code violations and must be corrected as follow	vs:					
	· ·						
Received By (Print):	Received by (Signature):	Date:					
Lisa	a Faust	03/06/2025					
REHS (Print): Chalyn [REHS (Signature): Dewey	Phone: 530-841-2112					