



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: Nature's Kitchen	Permit # 000359
Address: 412 South Main St. Yreka, CA 96097	
Permit Holder: Clifford Clouse	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-1136	E-mail: natureskitchen6@gmail.com
Food Safety Certified Employee: Clifford Clouse	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.			<p style="text-align: center; font-weight: bold; font-size: 1.2em;">FOLLOW-UP INSPECTION CONDUCTED THIS DATE</p> <p>This is a follow-up inspection to last inspection conducted on 03/22/2023 regarding no hot water in the men and women restroom. Facility has corrected the finding and now has hot water in both toilet facilities.</p> <p>NOTE: Continue to work on correcting other marked items found on previous inspection reports.</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.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	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): Clifford Clouse Received by (Signature): _____ Date: 03/27/2024
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Nature's Kitchen

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

Received By (Print):
Clifford Clouse

Received by (Signature):

Date:
03/27/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

Facility Name: Nature's Kitchen

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): Clifford Clouse	Received by (Signature):	Date: 03/27/2024
---	--------------------------	---------------------

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

Facility Name: Nature's Kitchen

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): Clifford Clouse	Received by (Signature):	Date: 03/27/2024
---	--------------------------	---------------------

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