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	Facility Name: Misty's Wet Yer Whistle Permit # 000333						
Addres	ss:	401 S Main Str	reet, `	Yreka C	A 96097		
Permit	Hol	^{der:} Misty Thiba	audea	nu	Permit To Operate: Valid Not Valid		
Phone	. ,	30-842-0221			E-mail: mistealynn@aol.com	_	
Food S		ty Certified Employ	ee: , ,	: _ t Tl. :1	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	_	
	Wisty Mibaudeau 06/2024						
	1	Food Temp.		X	The marked items represent Health Code violations and must be corrected as follows:	_	
Protection Time/ Temp.	_	Prep./ Service		$\frac{\hat{x}}{x}$	ROUTINE INSPECTION CONDUCTED THIS DATE		
		Storage/ Disp.		^	4) 01		
		Frozen Food			1) Observed cold foods at 47F-49F in the reach-in fridge in the front. Hold cold foods a 41F or below. Correct immediately.		
		Pure Food					
tect	-	Reused Food			2) Observed non-food items on the prep sink's drain board. Prep sink, including its drainboard can only be used for food prep only. Remove these articles and clean and		
Pro		Transportation					
	_	Storage Fac.			sanitize the prep station immediately.		
age		Refrig. Units		X	9) Observed water pooling and wash cloths used to absorb the liquid on the bottom		
Food Storage	-	Thermometer	+ +	\sim	cabinet of the deli-prep cooler. Observed water pooling with brown rust spots on the		
bo		Hazardous Mat.			bottom of the reach-in refrigerator in the kitchen. Maintain equipment in a clean manner		
Ŗ	_	Spoils			and good repair. Repair or correct within 90 days.		
·		Wash/ Sanitize		X			
Uten./Equip.		Equip. Condition		X	13) Observed the handwashing station in the front obstructed with a blender container and lid. Observed this handwashing station utilized for warewashing. Handwashing		
n./E	-	Utensil Condition			station can only be used strictly for handwashing. Clean and sanitize the immediately.		
Ute		Storage			Utilize the 3-compartment sink to wash dirty wares.		
		Handwashing				,	
Employee		Employee Hygiene			13) The 3rd compartment of the warewashing station is used for handwashing in the		
oldu	_	Employee Habits			kitchen. Ensure this compartment is clean and sanitized between changing task and		
ш		Food Cert./ Card			reduce warewashing in bulk.		
ē	21	Water			14) Observed "Household Use Only" equipment (food processor, bread maker, ice	tilize NSF/ANSI certified be replaced, submit cut sheets or	
Water	22	Cross Con.			cream/yogurt maker, and KitchenAid blender). Only utilize NSF/ANSI certified		
ste	23	Liquid Waste			equipment. Remove immediately. If equipment are to be replaced, submit cut sheets or		
Waste		Refuse			manufacturer's spec sheets for preapproval prior to purchase.		
Ë	25	Rodents/ Insects			14) Observed numerous unused equipment (oven, deli refrigerator, Avantico flat top) or		
Vermin	26	Animal/ Fowl			rubbish throughout the facility. Remove unused or broken equipment to prevent		
	27	Ventilation			harborage of insects or rodents. Correct within 90 days.		
Ø	28	Doors			44) 01	Section From the condi-	
ilitie	29	Floors			14) Observed bare wood crates on shelf above the warewashing area. Ensure the wood is finished to be nonporous, smooth, cleanable, and durable. Repair within 90 days.	1	
Facilities	30	Walls - Ceilings			is infistied to be nonporous, smooth, cleanable, and durable. Repair within 90 days.		
	31	Toilet Fac.			33) Observed a broken light shield in the kitchen. Repair light shield to prevent		
	32	Janitorial Fac.			contamination of food or food prep area. Repair within 90 days.		
	33	Lighting		X	00) 0004 D		
ı.	34	Clothing - Linen			36) 2024 Permit to operate has not been renewed. Renew permit immediately.		
Misc.	35	Signs					
-	36	Misc.		X			
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site							
Receive	ed By	y (Print): Misty Th	nibaud	deau	Received by (Signature): Date: 04/11/2024		
REHS (Print	Chalyn Dewe	<u>_</u> әу		REHS (Signature): Phone: 530-841-2112	_	

Facility Name: Mist	ry's Wet Yer Whistle	
TI	he marked items represent Health Code violations and m	ust be corrected as follows:
Received By (Print):	Received by (Signature):	Date:
Misty T	hibaudeau	04/11/2024
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewe	у	530-841-2112

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REHS (Print):	y Thibaudeau REHS (Signature):	04/11/2024 Phone:
Chalyn [Dewey	530-841-2112

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Misty	/ Thibaudeau	, ,	04/11/2024
REHS (Print): Chalyn De	ewey	REHS (Signature):	Phone: 530-841-2112