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 Na	me: First and L	ast (Cha	nce	Saloon	Permit # 000233			
Addres	ss:	14734 Hornbro	ook F	₹d.,	Horr	nbrook, CA 96044				
Permit	Hol						Permit To Operate:			
Phone	Betty Miller © Valid O Not Valid Phone: F20, 475, 2009 E-mail: heaven dray @ selectors									
	(530-475-3338				boopandron@aol.coi				
Food Safety Certified Employee: NA Expiration Date:										
		MAJ OUT COS				The marked items represent Health Code vic	plations and must be corrected as follows:			
Protection Time/ Temp.		Food Temp.				ROUTINE INSPECTION COND	LICTED THIS DATE			
	_	Prep./ Service				ROOTINE MOI EGNON GONE	00125 11110 5/112			
	_	Storage/ Disp.								
		Frozen Food				14) Observed ice intended to be used for con-				
		Pure Food				with no separation in the ice box at the bar. Install a partitioning device to prev				
	6	Reused Food				contamination of food/ice. Discard the ice and correct immediately.				
	-	Transportation				19) Observed personal items on the counter a	at the bar that is between the handwashing			
Food Storage	_	Storage Fac.				and warewashing station, in which is continuously attached. Store personal items				
		Refrig. Units				suitable area where contamination of equipment cannot occur. Corrected onsite.				
	10	Thermometer				20) Observed debrie or dust building on the flor				
		Hazardous Mat.				 Observed debris or dust buildup on the flo counter at the service station. Clean and sanit 				
	12	Spoils				counter at the service station. Clean and same	lize as soon as possible.			
Uten./Equip.	13	Wash/ Sanitize								
	14	Equip. Condition		X						
ten.	15	Utensil Condition								
<u> </u>	16	Storage								
Ф		Handwashing								
loye	18	Employee Hygiene								
Employee	-	Employee Habits		X	X					
		Food Cert./ Card								
Water	_	Water								
		Cross Con.								
Waste	_	Liquid Waste								
		Refuse								
Vermin		Rodents/ Insects								
\ \	26	Animal/ Fowl								
		Ventilation								
es	_	Doors								
-acilities		Floors		X						
Б	30	Walls - Ceilings								
		Toilet Fac.								
	32	Janitorial Fac.								
		Lighting								
SC.	34	Clothing - Linen								
Misc.		Signs	Щ							
		Misc.		<u> </u>		000				
			UI =	Out c	of con	ppliance COS = Corrected on-site	Date:			
Received By (Print): Received by (Signature): Date: Betty Miller 04/12/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2112						Phone: 530-841-2112				

Facility Name:	First and Last Chance Saloon	
	The marked items represent Health Code violations and must be corrected as follows	:
Received By (Print):	Received by (Signature):	Date:
	etty Miller	04/12/2024
REHS (Print): Chalyn D	REHS (Signature):	Phone: 530-841-2112

Facility Name:	First and Last Chance	Saloon	
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REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

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		`	
	ty Miller	eceived by (Signature):	Date: 04/12/2024
REHS (Print): Chalyn [Pewey	EHS (Signature):	Phone: 530-841-2112