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	Nar	me: C & C Car	ndies			P	Permit # 000738				
Addres		316 W Miner S			ka (CA 96097	_				
Permit	Permit Holder: Christine Daugherty Permit To Operate: Valid Not Valid										
Phone	5	530-722-5706				E-mail: jabsha2004@yahoo.com					
Food S	Food Safety Certified Employee: Christine Daughtery Expiration Date: 03/2025										
MAJ OUT COS								_			
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON TH					
	2	Prep./ Service									
	3	Storage/ Disp.				14) Observed bare wood shelving used for food storage. Shelving shall be smooth, cleanable, r absorbent, and durable. Seal or cover all bare wood surfaces within the next 60 days.					
	4	Frozen Food									
ctior	5	Pure Food	\square			absorbent, and durable. Sear or cover all bare wood surfaces within the next of days.					
rote	6	Reused Food	\coprod								
ā	7	Transportation	igsquare								
je Je	-	Storage Fac.	$\downarrow \downarrow \downarrow$								
Food Storage	9	Refrig. Units	$\downarrow \downarrow \downarrow$	\rightarrow							
	10	Thermometer	$\downarrow \downarrow \downarrow$								
F00	_	Hazardous Mat.	$\downarrow \downarrow \downarrow$								
-	-	Spoils	\perp	_							
uip.	-	Wash/ Sanitize	\sqcup								
/Equ	-	Equip. Condition	$\downarrow \downarrow \downarrow$	X							
Uten./Equip.	_	Utensil Condition	$\downarrow \downarrow \downarrow$								
ر	-	Storage	$\downarrow \downarrow \downarrow$								
ee		Handwashing	+								
Employee	-	Employee Hygiene	\vdash	\dashv							
Em		Employee Habits	+	\dashv							
	\vdash	Food Cert./ Card	+	\dashv							
Water	-	Water Cross Con.	+-+	\dashv							
S			+-+	\dashv							
Waste		Liquid Waste	+-+	\dashv							
>		Refuse	+-+	\dashv							
Vermin		Rodents/ Insects Animal/ Fowl	+	\dashv	_						
>	\vdash		+	\dashv							
		Ventilation Doors	₩	\dashv							
ties	\vdash	Floors	\vdash	\dashv							
Facilities		Walls - Ceilings	\vdash	\dashv	-						
ш		Toilet Fac.	+	\dashv	-						
	-	Janitorial Fac.	+	\dashv							
	_	Lighting	\vdash	\dashv							
		Clothing - Linen	\vdash	1	-						
Misc.	-	Signs	\blacksquare								
_		Misc.	\Box	\neg	-						
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Receive	d By	(Print): Christin	าe Da	ught	ery	Received by (Signature):	Date: 4/15/2024				
REHS (Print): Alexa Roche	e			REHS (Signature):	Phone: 530-841-2117				

Facility Name: (& C Candies	
	The marked items represent Health Code violations and must	pe corrected as follows:
	·	
Received By (Print):	Received by (Signature):	Date:
Chri	stine Daughtery	4/15/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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REHS (Print):		Phone:

530-841-2117

Alexa Roche

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