



### 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: <b>Rising Knead</b>	Permit # <b>001078</b>
Address: <b>5433 N. Old Stage Rd., Mount Shasta, CA, 96067</b>	
Permit Holder: <b>Carly Baird</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>909-273-7294</b>	E-mail: <b>carlybhomes@outlook.com</b>
Food Safety Certified Employee: <b>NA</b>	Expiration Date:

		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;">Pre-opening Inspection Conducted This Date.</p> <p>This CFO-B is approved to open when the following is complete:</p> <ul style="list-style-type: none"> <li>- Obtain test strips to measure the chlorine concentration of the sanitizer. Ensure that the concentration is maintained at 100 ppm chlorine at all times.</li> </ul> <p>Please obtain any necessary permits or licenses as required by all other agencies with regulatory oversight of this operation.</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): <b>Carly Baird</b> Received by (Signature): _____      Date: <b>05/01/2024</b>
REHS (Print): <b>Rick Florendo</b> REHS (Signature): _____      Phone: <b>530-841-2114</b>

**Facility Name:** Rising Knead

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

Received By (Print):  
Carly Baird

Received by (Signature):

Date:  
05/01/2024

REHS (Print):  
Rick Florendo

REHS (Signature):

Phone:  
530-841-2114

**Facility Name:** Rising Knead

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): Carly Baird	Received by (Signature):	Date: 05/01/2024
-------------------------------------	--------------------------	---------------------

REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
--------------------------------	-------------------	------------------------

**Facility Name:** Rising Knead

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

Received By (Print):  
Carly Baird

Received by (Signature):

Date:  
05/01/2024

REHS (Print):  
Rick Florendo

REHS (Signature):

Phone:  
530-841-2114