

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: Menotti's Market Permit # 000968													
Addres	SS:	15508 Hornbro	ook F	Rd., H	ornk	prook, CA		participation (1) 1 1 1 1 1 1 1 1 1					
Permit	Permit Holder:Permit To Operate:												
Phone		Anael Guill	ermi	n		E-mail: manattic market	X Valid	Not Valid					
541-561-6966 menotus.market@gmail.com								-					
Food S	Safe	ty Certified Employ	ee: N	I/A			Expiration	n Date:					
			MAJ	OUT C	cos	The marked items represent Health Co.	de violations and must be correcte	ed as follows:					
Protection Time/ Temp.	1	Food Temp.			_	POLITINE INSPECTION CO	OUTINE INSPECTION CONDUCTED THIS DATE						
	1000	Prep./ Service				NOOTINE INOI ECTION OF	SNDOOTED THIS DATE						
	3	Storage/ Disp.											
	4	Frozen Food											
	5	Pure Food											
	6	Reused Food											
	7	Transportation											
Food Storage	8	Storage Fac.	L.			SATISFACTORY AT P							
	9	Refrig. Units				OATION AND TOTAL AND THE COLOR TIME							
	10	Thermometer											
	_	Hazardous Mat.											
	12	Spoils											
Uten./Equip.	13	Wash/ Sanitize											
	14	Equip. Condition											
en./	15	Utensil Condition											
5	16	Storage											
е	17	Handwashing											
Employee	18	Employee Hygiene											
mp	19	Employee Habits											
	20	Food Cert./ Card											
Water	21	Water											
M	22	Cross Con.											
Waste	23	Liquid Waste											
Wa	24	Refuse											
Vermin	25	Rodents/ Insects											
Ver	26	Animal/ Fowl											
	27	Ventilation											
S	28	Doors											
Facilities	29	Floors											
Fac	30	Walls - Ceilings											
	31	Toilet Fac.											
	32	Janitorial Fac.											
	33	Lighting											
Misc.	34	Clothing - Linen											
	35	Signs											
		Misc.											
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site													
Receive	Received By (Print): Received by (Signature): Date: Anael Guillermin 05/21/2024												
REHS (Print	Chalyn Dew	ey			REHS (Signature):	Phone:	30-841-2112					

Facility Name:	Menotti's Market	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date:	
An		05/21/2024
REHS (Print):	REHS (Signature): Phone	:
Chalyn D	Dewey 530	-841-2112

Facility Name:	Menotti's Market		
	The marked items re	present Health Code violations and must be	e corrected as follows:
		V	
	el Guillermin	Received by (Signature):	Date: 05/21/2024
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Menotti's Market		
	The marked items represent He	alth Code violations and must be corrected as fol	lows:
Received By (Print):	Rece	ived by (Signature):	Date:
Ana	el Guillermin	, \- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	05/21/2024
REHS (Print): Chalyn [REH Dewey	S (Signature):	Phone: 530-841-2112