Food Program Official Inspection Report



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

Yreka, California 96097 phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: C & C Candies Permit # 000738									
Addres		316 W Miner S		Section 2	eka (CA 96097			
Permit	Hol	der: Christine D	augl	herty	V	Permit To Operate:			
Phone		530-722-5706				E-mail:			
Food S	SWINDOWS CONTROL SECTION								
	Giristine Daugnery 03/2023								
Protection Time/ Temp.	1	Food Temp.	MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:			
	2000	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE			
	3	Storage/ Disp.							
	26	Frozen Food				14) Observed bare wood shelving used for food storage. Shelving shall be smooth,			
	. 20	Pure Food			-	cleanable, non-absorbent, and durable. Seal or cover all bare wood surfaces within the			
	2,000,00	Reused Food				next 30 days.			
	7	Transportation	-	3	-				
	93/19	Storage Fac.				14) Observed the 3-compartment sink drains into a floor sink without a 1" airgap. Ensure			
Food Storage		Refrig. Units	100 20	3	-	the 3-comp sink is plumbed indirectly into floor sink with a 1" air gap above the rim of the floor sink. Correct or repair within 90 days.			
	Toward Co.	Thermometer				noof sillik. Correct of Tepair Within 90 days.			
) po	1 1	Hazardous Mat.			0	28) Observed a gap on the bottom of the back entrance door back large enough for			
Po	Calle	Spoils				insects or vermin to enter. Ensure facility is equipped and constructed in a way to			
		Wash/ Sanitize		3	0	prevent entrance or harborage of insects, rodents, or vermin. Correct immediately.			
Uten./Equip.	,500 500	Equip. Condition		X					
n.Æ		Utensil Condition		^					
Ute	, 200	Storage							
		Handwashing		3					
Employee		Employee Hygiene	-		-				
oldu	-	Employee Habits							
핍		Food Cert./ Card		3					
er	7	Water							
Water	22	Cross Con.							
	23	Liquid Waste			-				
Waste		Refuse							
40000	25	Rodents/ Insects			-				
Vermin		Animal/ Fowl							
6/4	27	Ventilation							
**	28	Doors		X					
Facilities	29	Floors			3				
Faci	30	Walls - Ceilings							
5850	31	Toilet Fac.							
	32	Janitorial Fac.							
	33	Lighting							
.:		Clothing - Linen							
Misc.	35	Signs							
~		Misc.							
MAJ =			UT =	Out	of com	ppliance COS = Corrected on-site			
Received By (Print): Christine Daughtery Received by (Signature): Date: 05/21/2024									
REHS (Print): REHS (Signature): Phone: 530-841-2112									

Facility Name: C & C Candies		
The marked items	represent Health Code violations and must be co	prrected as follows:
	,	
Received By (Print):	Received by (Signature):	Date:
Christine Daughtery	· · · ·	05/21/2024
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey	(o.gradoro).	530-841-2112
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Descripted Des (Deter)		Pagainad by (Cianatina)		Data
	stine Daughtery	Received by (Signature):		Date: 05/21/2024
REHS (Print): Chalyn [Dewey	REHS (Signature):	I	Phone: 530-841-2112

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Chri	stine Daughtery	, 	05/21/2024
REHS (Print): Chalyn D	REHS (Signature):	Phone: 530-841-2112