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 | Facility Name: Floyd's Frosty Permit # 100025 | | | | | | | | |
|---|--|-------------------------------------|-------|-----|-----|--|---|--|--|
| Address: 125 Broadway, McCloud, CA, 96057 | | | | | | | | | |
| Permit | Permit Holder: Floyd Azlin Permit To Operate: Not Valid Not Valid | | | | | | | | |
| Phone | : 5 | 530-964-9747 | | | | E-mail: paxtonamx@gmail.co | m | | |
| Food | Food Safety Certified Employee: Conetha Blumel | | | | | | | | |
| | | | MAJ | OUT | | The marked items represent Health Code viola | | | |
| | 1 | Food Temp. | IVIAU | 001 | 003 | The marked items represent fieduri code viol | ations and must be conected as follows. | | |
| Protection Time/ Temp. | 1000 | Prep./ Service | | - | | ROUTINE INSPECTION CONDU | ICTED THIS DATE. | | |
| | 3 | Storage/ Disp. | | 1 | | | | | |
| | 4 | Frozen Food | | | | | | | |
| tion | 5 | Pure Food | | | | Satisfactory at Present Time | | | |
| otec | 6 | Reused Food | | | | | | | |
| ۲, | 7 | Transportation | | | | | | | |
| e | 8 | Storage Fac. | | | | | | | |
| orag | 9 | Refrig. Units | | | | | | | |
| uip. Food Storage | 10 | Thermometer | | | | | | | |
| | _ | Hazardous Mat. | | | | | | | |
| | 12 | Spoils | | | | | | | |
| | | Wash/ Sanitize | | | | | | | |
| Uten./Equip. | _ | | 8 | | | | | | |
| Jten | - | Utensil Condition | _ | | | | | | |
| | | Storage | | | | | | | |
| ee | | Handwashing | | | _ | | | | |
| Employee | | Employee Hygiene | - | | | | | | |
| E | _ | Employee Habits Food Cert./ Card | 8 | | | | | | |
| 5 | | Water | - | | | | | | |
| Water | 22 | and a second | - | | | | | | |
| | 1 1 | | - | | | | | | |
| Waste | _ | Refuse | | | | | | | |
| lin | | Rodents/ Insects | - | | | | | | |
| Vermin | _ | Animal/ Fowl | | | | | | | |
| | 27 | Ventilation | | | | | | | |
| 5 | | | | | | | | | |
| Facilities | 29 | Floors | | | | | | | |
| Fac | 30 | Walls - Ceilings | | | | | | | |
| 1000 | 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 | | | | | | | Date: | | |
| Received By (Print): Received by (Signature): Date: 07/10/2024 | | | | | | 07/10/2024 | | | |
| REHS (Print): REHS (Signature): Phone: 530-841-2114 | | | | | | Phone: 530-841-2114 | | | |
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| Facility Name: | | |
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| Floy | byd Azlin | 07/10/2024 |
| REHS (Print): | REHS (Signature): | hone: |
| Rick Flore | endo | 530-841-2114 |
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| REHS (Print): | | one: |
| Rick Flo | | 530-841-2114 |
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