



# 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: **Black Powder Coffee CFO-B** Permit # **001028**

Address: **3 Allison Way, Fort Jones CA 96032**

Permit Holder: **Mark Claussen** Permit To Operate:  
 Valid  Not Valid

Phone: **650-400-6712** E-mail: **markclaussen@gmail.com**

Food Safety Certified Employee: **Mark Claussen** Expiration Date: **08/2026**

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			<p><b>ROUTINE INSPECTION CONDUCTED ON THIS DATE</b></p> <p><b>SATISFACTORY AT PRESENT TIME</b></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	<input type="checkbox"/>		
	28	Doors	<input type="checkbox"/>		
	29	Floors	<input type="checkbox"/>		
	30	Walls - Ceilings	<input type="checkbox"/>		
	31	Toilet Fac.	<input type="checkbox"/>		
	32	Janitorial Fac.	<input type="checkbox"/>		
	33	Lighting	<input type="checkbox"/>		
Misc.	34	Clothing - Linen	<input type="checkbox"/>		
	35	Signs	<input type="checkbox"/>		
	36	Misc.	<input type="checkbox"/>		

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site

Received By (Print): **Mark Claussen** Received by (Signature): \_\_\_\_\_ Date: **5/29/2024**

REHS (Print): **Alexa Roche** REHS (Signature): \_\_\_\_\_ Phone: **530-841-2117**

**Facility Name:** Black Powder Coffee CFO-B

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

Received By (Print): Mark Claussen      Received by (Signature):      Date: 5/29/2024

REHS (Print): Alexa Roche      REHS (Signature):      Phone: 530-841-2117

**Facility Name:** Black Powder Coffee CFO-B

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

[Empty area for listing violations and corrections]

Received By (Print): Mark Claussen	Received by (Signature):	Date: 5/29/2024
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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**Facility Name:** Black Powder Coffee CFO-B

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

Received By (Print):  
Mark Claussen

Received by (Signature):

Date:  
5/29/2024

REHS (Print):  
Alexa Roche

REHS (Signature):

Phone:  
530-841-2117