



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: Etna City Pool Snack Shack	Permit # 000225
Address: 401 Howell Ave Etna CA 96027	
Permit Holder: City of Etna	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-467-5232	E-mail: j.bennett@etnaca.com
Food Safety Certified Employee: Lisa West	Expiration Date: 5/5/2027

		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; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>2,36) Observed facility is preparing cup of noodles. This facility is authorized to sell prepackaged, non-potentially hazardous foods without any food preparation. This facility is approved as a "Class IA Minor Food Service" facility. Discontinue using food items that require preparation or multi-use utensils.</p>	
	2	Prep./ Service		X		
	3	Storage/ Disp.				
	Food Storage	4	Frozen Food			
		5	Pure Food			
		6	Reused Food			
		7	Transportation			
8		Storage Fac.				
Uten./Equip.	9	Refrig. Units				
	10	Thermometer				
	11	Hazardous Mat.				
	12	Spoils				
Employee	13	Wash/ Sanitize				
	14	Equip. Condition				
	15	Utensil Condition				
	16	Storage				
Water	17	Handwashing				
	18	Employee Hygiene				
Waste	19	Employee Habits				
	20	Food Cert./ Card				
Vermin	21	Water				
	22	Cross Con.				
Facilities	23	Liquid Waste				
	24	Refuse				
	25	Rodents/ Insects				
	26	Animal/ Fowl				
	27	Ventilation	□			
	28	Doors	□			
Misc.	29	Floors	□			
	30	Walls - Ceilings	□			
	31	Toilet Fac.	□			
	32	Janitorial Fac.	□			
	33	Lighting	□			
	34	Clothing - Linen	□			
	35	Signs	□			
	36	Misc.	□	X		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Lisa West	Received by (Signature): _____ Date: 6/21/2024
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Etna City Pool Snack Shack

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

Empty space for listing health code violations and correction details.

Received By (Print): Lisa West	Received by (Signature):	Date: 6/21/2024
-----------------------------------	--------------------------	--------------------

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

Facility Name: Etna City Pool Snack Shack

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

Empty space for listing health code violations and correction details.

Received By (Print): Lisa West	Received by (Signature):	Date: 6/21/2024
-----------------------------------	--------------------------	--------------------

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

Facility Name: Etna City Pool Snack Shack

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

(This area is currently blank, intended for listing health code violations and their corrections.)

Received By (Print): Lisa West	Received by (Signature):	Date: 6/21/2024
-----------------------------------	--------------------------	--------------------

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