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 Bear Diner Permit # 000112											
Addres	SS:	1795 S Main S	Stree	t, Yr	eka	CA 96097					
Permit Holder: Tyler Carmichael Permit To Operate: Valid Not Valid											
Phone: 530-842-9324 E-mail: Yreka@blackbeardiner.com											
Food Safety Certified Employee: Jessica Galarsa Expiration Date: 06/2029											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
Protection Time/ Temp.	1	Food Temp.		X	X						
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.				1) Observed cut tomatoes and deli meats at 54F at the deli-prep cooler in the middle of					
	4	Frozen Food				the chef's cook line. Hold cold foods at 41F or below. Voluntarily discarded.					
	5	Pure Food		X							
	6	Reused Food				1) Observed cooked bacon, sliced ham and roast beef at 57F in the far left below-					
	7	Transportation				counter cooler in the chef's line. Ensure prepped food are rapidly cooled from 135F to 41F within 6 hours (from 135F to 70F within the first 2 hours, then to 41F within the next					
Food Storage	8	Storage Fac.				4 hours). Foods were moved to freezer to be rapidly cooled.					
	9	Refrig. Units	S 800 - 000	X		The Additional Security and Control and Co					
	10	Thermometer				5) Observed rotten lemons stored in bulk at the prep area. Stored or served foods are to					
F00		Hazardous Mat.				be pure and free of spoilage. Remove adulterated food immediately.					
55		Spoils				13) Observed 3 sani-buckets in the front service area with improper disinfectant					
dip.		Wash/ Sanitize		X		concentration. 2 sani-buckets had 0ppm QAC, and another had >200ppm chlorine.					
Æq	14	Equip. Condition		X	2	Approved food facility disinfectant concentration are to be maintained at 200ppm for					
Uten./Equip.	1000	Utensil Condition		×		QAC, and 100ppm for chlorine. Correct immediately.					
)		Storage		6		12) Observed dishwesher dispensing at 10ppm oblering. Proper disinfectant for					
Ф		Handwashing				13) Observed dishwasher dispensing at 10ppm chlorine. Proper disinfectant for dishwasher measures chlorine at 50ppm. Discontinue use of dishwasher and utilized the					
Employee		Employee Hygiene				3 compartment sink to wash, rinse, and sanitize all wares.					
Emp		Employee Habits				CONTRACTOR					
1800	10000	Food Cert./ Card				14) Observed dried food buildup on the meat slicer and on the legs of the planetary					
Water		Water	-			counter mixer. Ensure all parts of food contact equipment are cleaned and sanitized daily. Correct immediately. NOTICE.					
3	_	Cross Con.				daily. Correct infinediately. NOTICE.					
Waste	_	Liquid Waste		~		14) Observed the following broken equipment: missing kick boards to standup freezer					
>		Refuse		×	5	broken handle to stand up freezer in back storage area. Maintain equipment in good					
Vermin W.	10000	Rodents/ Insects	-			repair. Repair or correct within 60 days. 2ND NOTICE.					
Ve	-	Animal/ Fowl			8	14) Observed demonstration of the substitute band system. Maintain					
		Ventilation	Н			14) Observed damaged or missing filters on the exhaust hood system. Maintain equipment in good repair and fully operable. Repair or replace within 90 days.					
es	-	Doors	Н		8	equipment in good repair and raily operable. Repair of replace within 50 days.					
Facilities		Floors	ш	X	_	15) Observed build up of grease or finishes to the baking trays damaged. Maintain					
Fa		Walls - Ceilings		X	2	utensils in a manner to not impart deleterious materials to food and under normal use is					
		Toilet Fac.	Н			safe, durable, corrosive resistant, and nonabsorbent. Clean and sanitize utensils					
		Janitorial Fac.	Н			immediately or replace within 60 days. 2ND NOTICE.					
SC.		Lighting		X							
		Clothing - Linen									
	-	Signs									
MA I		Misc.	NIT :	Out	of cor	pliance COS - Corrected on cita					
			JU1 =	Out (or con	pliance COS = Corrected on-site Received by (Signature): Date:					
Received By (Print): Received by (Signature): Date: Jessica Galarsa O6/25/2024											
REHS (Print	Chalyn Dew	еу			REHS (Signature): Phone: 530-841-2112					

Facility Name: Black Bear Diner	_
The marked items represent Health Code violations and must be corrected as follows:	_
4) Observed buildup of dust and grease on the hot food warmers' coils and electrical lines. This is a source of contamination. Maintain equipment in a clean manner and fully serviceable. Clean and sanitize immediately.	
, 30) Observed damages or holes on the walls in the walk-in refrigerator exposing raw wood. Food contact equipment and walls are to be maintained as to be nonporous, smooth, durable, and easily cleanable. Repair or correct within 90 days.	
(4) Observed food buildup and uncovered on the grill of the grease collection bin outside the facility. Cover or lispose of all waste properly to prevent harborage of insects. Correct immediately. 2ND NOTICE.	
29, 30) Observed excessive build-up of food debris on the floors, and hard-to-reach places throughout the entire acility including walk-in refrigerators. Clean and sanitize all floors immediately. 2ND NOTICE.	
29) Observed damaged tiles and grouts on the floors throughout the kitchen and warewashing area. Observed pareeling on the floors in food storage area. Floors are to be maintained in a manner to be smooth, easily cleanable lurable, and nonabsorbent. Repair or correct within 90 days.	
80) Observed paint chipping or peeling on the ceilings in the back area where the ice machine is stored. Ceilings ood prep area to be maintained to be smooth, easily cleanable, durable, and nonabsorbent. Repair or correct wit 60 days. 2ND NOTICE	

Received By (Print):

Date:

Jessica Galarsa

REHS (Print):

Chalyn Dewey

Received by (Signature):

Received by (Signature):

Phone:

530-841-2112

Facility Name: Bla	ack Bear Diner			
7	 The marked items repres	sent Health Code violations and m	nust be corrected as follows:	
Received By (Print):	Calara	Received by (Signature):	Da	ate:
	Galarsa	DEUC (Cignoturo):	Ci	06/25/2024
REHS (Print): Chalyn Dew	/ey	REHS (Signature):		one: 530-841-2112

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Received By (Print): Jes	Received by (Signature): ssica Galarsa	Date: 06/25/2024
REHS (Print): Chalyn [REHS (Signature): Dewey	Phone: 530-841-2112