

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: Northbound Coffee Roasters 000363											
Address: 409 Berry St., Mount Shasta, CA, 96067											
Permit	Но	lder:				Permit To Operate:	c				
Dise		Keith Ham	rick			Valid O Not Valid					
Phone: 530-926-3442 E-mail: northboundcoffee@gmail.com											
Food S	Safe	ty Certified Employ	^{yee:} J	enni	fer L	Lovrak Expiration Date: 06/2022					
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE.					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE.					
	3	Storage/ Disp.									
	4	Frozen Food									
	5	Pure Food				20) Food manager certification is expired. Obtain new food manager certification w	vithin				
	6	Reused Food				60 days. Class card provided. 2nd NOTICE					
₽.	7	Transportation				26) Observed a Black Lab dog in the facility. No live animals may be kept or handle	ed				
0	8	Storage Fac.				within the food facility. Corrected during inspection.					
orag	9	Refrig. Units									
Food Storage	10	Thermometer									
000	_	Hazardous Mat.									
Sec.0	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
ten.	-	Utensil Condition									
	-	Storage									
90	-	Handwashing				•					
Employee	AN OWNER	Employee Hygiene				•					
Emp	1000	Employee Habits		~							
	1000	Food Cert./ Card	-	Х							
Water	21		-								
	22		-								
Waste		Liquid Waste	-								
5		Refuse									
Vermin	-	Rodents/ Insects Animal/ Fowl	-	V		4					
>	2 - 2		-	X	-	4					
	27	Ventilation Doors		-		4					
ties	-		-		-	4					
Facilities		Floors Walls - Ceilings	_			•					
ш.	_		-	-	-	•					
	32	Toilet Fac. Janitorial Fac.				•					
	-		-	2		•					
Misc.		Lighting Clothing - Linen	-			4					
		Signs			_	4					
	S	Signs Misc.				4					
MAJ =			DUT =	Outo	f com	npliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date: 07/24/20											
REHS (Print): REHS (Signature): Phone:											
Rick Florendo 530-841-2114											

Facility Name: Northbound Coffee Roasters

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

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REHS (Print):	REHS (Signature):	Phone:	
Rick Florendo		530-841-2114	
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