



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: Unleashed Mobile	Permit # 000368
Address: 203 Main St Weed Ca 96094	
Permit Holder: Elizabeth Tabor	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-925-6482	E-mail: etabor66@gmail.com
Food Safety Certified Employee: NA	Expiration Date: NA

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			<p>PRE-OPENING INSPECTION CONDUCTED ON THIS DATE</p> <p>Unleashed Mobile is approved to open under the following conditions:</p> <p>Food Managers must be obtained in the next 60 days. Obtain all necessary permits from local authorities. Permit fee paid in full.</p> <p>SATISFACTORY AT PRESENT TIME</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): Elizabeth Tabor	Received by (Signature): _____ Date: 8/28/2024
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Unleashed Mobile

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

Received By (Print):
Elizabeth Tabor

Received by (Signature):

Date:
8/28/2024

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

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