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: Golden Rush Espresso Permit # 000245									
Address: 827 S Main Street, Yreka CA 96097									
Permit						Permit To Operate:			
0.000		Mark and	Kris Z	Zeigl	er	Valid Valid Not Valid			
Phone: 530-842-9901 E-mail: goldenrushespresso@gmail.com									
Food Safety Certified Employee: Kris Zeigler Expiration Date: 09/2024									
				OUT		The marked items represent Health Code violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.							
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE			
	3	Storage/ Disp.				13) Observed greater than 200ppm chlorine sanitizer in a spray bottle. Ensure the			
	4	Frozen Food				concentration of chlorine measures at 100ppm for manual sanitization. Correct asap.			
	5	Pure Food							
otec	6	Reused Food				13) Observed no test strips to measure sanitizer concentration. Obtain chlorine test			
P	7	Transportation		· · · · ·	-	strips immediately.			
	8	Storage Fac.				17) Observed the handwashing station obstructed with milk cartons. Ensure			
rage	9	Refrig. Units	1 20 20		1	handwashing station is unobstructed and accessible for use at all times. Correct during			
Food Storage	10	Thermometer				inspection.			
poo	11	Hazardous Mat.			-				
ш	12	Spoils				14) Observed temporary transport protective tapes inside the doors of the reach-in			
Uten./Equip.	13	Wash/ Sanitize		X	-	cooler. Maintain surfaces in food prep area as to be easily cleanable, durable, nonabsorbent and durable. Remove tape and clean and sanitize immediately.			
	14	Equip. Condition		X		nonabsorbent and durable. Remove tape and clean and samilize infinediately.			
en./l	15	Utensil Condition				14) Observed a fly strip hanging above and 2 fly swatters stored below the warewashing			
Ľ,	16	Storage				station. Fly fragments are potential sources of contamination. Install insect control			
Employee	17	Handwashing		X	X	devices in a location as to not be over food or utensil handling area, clean equipment,			
		Employee Hygiene				linens, and unwrapped single-use articles. Correct or remove immediately.			
mplq	19	Employee Habits				30) Observed 2 pass-thru windows not self-closing and without air-curtains. Per CFRC			
ш	20	Food Cert./ Card				114259.2, Pass-thru window service openings shall be limited to 216 sq. in. Each			
ter	21	Water				opening shall be provided with a solid or screened window, equipped with a self-closing			
Water	22	Cross Con.				device. Screening shall be at least 16 mesh per sq. in. Pass-thru windows of up to 432			
Waste	23	Liquid Waste				sq. in. are approved if equipped with an air curtain device. At minimum, install air curtains above both windows. Repair or correct within 90 days. 2ND NOTICE.			
	24	Refuse				cultains above both windows. Repair of correct within so days. 2ND NOTICE.			
Vermin	1 and a second	Rodents/ Insects				*** A REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIANCE.			
Ver	26	Animal/ Fowl		5	- 	CONNECTORENTER CONTRACTORES ENDERTROPOLISIONE DECOMPOSITION E CONTRACTORES ENDERTROPOLISIONE ENTERTROPOLISIONE			
	27	Ventilation							
S	28	Doors							
Facilities	29	Floors							
Fac	30	Walls - Ceilings		X		NOTE: 1) Issued "Facility Inspection Notice" form.			
	31	Toilet Fac.				2) Current food safety certificate will expire in September 2024.			
	32	Janitorial Fac.							
	33	Lighting							
Misc.	-	Clothing - Linen							
	35	Signs							
		Misc.							
			0UT =	Out	of com	pliance COS = Corrected on-site			
Received By (Print): Received by (Signature): Date: 08/29/2024									
REHS (Print): REHS (Signature): Phone: 530-841-2112									
						NUMPORTAL AND			

Facility Name: Golden Rush Espre	esso	
The marked items	represent Health Code violations and must be co	orrected as follows:
	-	
	х.	
Received By (Print):	Received by (Signature):	Date:
Leah Woodfork		08/29/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2112

Chalyn Dewey

Page 2

Facility Name:	Golden Rush Espresso			
	The marked items repre	esent Health Code violations and m	ust be corrected as follows:	
		ζ.		
		C C		
Received By (Print):		Received by (Signature):	Date:	
Lear	n Woodfork		08/29/20	24
REHS (Print):		REHS (Signature):	Phone:	
Chalyn I	Dewey		530-841-21	12
Page 3				

Facility Name: Golden Rush Espresso The marked items represent Health Code violations and must be corrected as follows:

.

Received By (Print):	Received by (Signature):	Date: 08/29/2024	
Leah Woodfork			
REHS (Print):	REHS (Signature):	Phone:	
Chalyn Dewey		530-841-2112	
Page 4			