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

Facilit	Facility Name: Lunchbox Dinners 000305									
Address: 5833 Dunsmuir Ave., Dunsmuir, CA, 96025										
Permi	Permit Holder: Permit To Operate: Liza Wood & Aaron Simpson									
Phone	Phone: 530-925-3075 E-mail: lizawood@ymail.com									
Food	Food Safety Certified Employee: Aaron Simpson Expiration Date: 12/2028									
	MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:									
Protection Time/ Temp.	1				000					
	2	Prep./ Service				ROUTINE INSPECTION CONDUC	TED THIS DATE.			
	3	Storage/ Disp.	-							
	4	Frozen Food			-					
	5	Pure Food		-						
	6	Reused Food				Satisfactory at Present	Time			
P	7	Transportation								
(1)	8	Storage Fac.								
rage	9	Refrig. Units								
Sto	10	Thermometer		2						
Food Storage	11	Hazardous Mat.								
ш.	12	Spoils								
Uten./Equip.	13	Wash/ Sanitize			3					
	14	Equip. Condition								
ten.	15	Utensil Condition								
	16	Storage								
0										
loye	-	Employee Hygiene								
Employee		Employee Habits	-	y	2					
	1000	Food Cert./ Card	_		_					
Water		Water	-							
0	22		-	2	5					
Waste		Liquid Waste Refuse								
2	1. A		-	2						
Vermin		Rodents/ Insects Animal/ Fowl	+							
>	27	Ventilation	-	2 1	8					
Facilities	-	Floors			è					
acil		Walls - Ceilings								
	31	Toilet Fac.	-	3	2					
	32	Janitorial Fac.			-					
		Lighting								
		Clothing - Linen			-					
Misc.		Signs			5					
<		Misc.								
MAJ =			OUT =	Out	of con	npliance COS = Corrected on-site				
Receiv	ed B	y (Print): Liza Wo	bod			Received by (Signature):	Date: 09/17/2024			
REHS (Print): REHS (Signature): Phone: 530-841-2114						Phone: 530-841-2114				
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Facility Name:	Lunchbox Dinners		
		t Health Code violations and must be corrected as	follows
	The marked liens represen	t Health Code violations and must be conected as	IOIIOWS.
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Received By (Print):		Received by (Signature):	Date:
	za Wood		09/17/2024
REHS (Print): Rick Flor	rendo	REHS (Signature):	Phone: 530-841-2114
Page 2			000 041-2114

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The mar	ked items represent Health Code violations and must be c	orrected as follows:
LUTICIDOX	t Dinners	orrected as follows:
Received By (Print): Liza Wood REHS (Print): Bick Florendo	Received by (Signature): REHS (Signature):	Date: 09/17/2024 Phone: 520.841.2114
REHS (Print): Rick Florendo Page 3	REHS (Signature):	Phone: 530-841-2114

Facility Name:	Lunchbox Dinners			
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		ζ.		
Received By (Print):	a Wood	Received by (Signature):		Date: 09/17/2024
REHS (Print):		REHS (Signature):		Phone:
Rick Flo	rendo			530-841-2114
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