



### 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: <b>Gonzo's Breakfast House</b>	Permit # <b>000266</b>
Address: <b>715 N Main Street, Yreka CA 96097</b>	
Permit Holder: <b>Gustavo Gonzalez and Marilou Arreola</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>530-605-9191</b>	E-mail: <b>gonzosbreakfasthouse@gmail.com</b>
Food Safety Certified Employee: <b>Marilou Arreola</b>	Expiration Date: <b>02/2029</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			
	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		X	
	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			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

**ROUTINE INSPECTION CONDUCTED THIS DATE**

14) Observed the use of non-ANSI certified ice machine in the food storage area. Only utilize ANSI or NSF certified equipment in commercial kitchens. Replace and remove equipment within 120 days. Send manufacture spec sheets for pre-approval prior to purchase and installation.

**NOTE:**

1) Facility has installed 2 new reach-in refrigerators without pre-approval. ALL new equipment is REQUIRED to be pre-approved by the department.

2) Issued "Facility Inspection Notice" form.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Marilou Arreola</b> Received by (Signature): _____      Date: <b>09/24/2024</b>
REHS (Print): <b>Chalyn Dewey</b> REHS (Signature): _____      Phone: <b>530-841-2112</b>

**Facility Name:** Gonzo's Breakfast House

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

Received By (Print):  
Marilou Arreola

Received by (Signature):

Date:  
09/24/2024

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112

**Facility Name:** Gonzo's Breakfast House

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

Received By (Print): Marilou Arreola      Received by (Signature):      Date: 09/24/2024

REHS (Print): Chalyn Dewey      REHS (Signature):      Phone: 530-841-2112

**Facility Name:** Gonzo's Breakfast House

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

Received By (Print):  
Marilou Arreola

Received by (Signature):

Date:  
09/24/2024

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112