



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: Crave	Permit # 000610
Address: 402 Chestnut St., Mount Shasta, CA, 96067	
Permit Holder: Derrick Hardman	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-918-5276	E-mail: HardmanDerrick76@gmail.com
Food Safety Certified Employee: Derrick Hardman/Lydia Hardman	Expiration Date: 09/2028

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>13, 14) Observed dishwasher not dispensing sanitizer. Mechanical dishwashing should dispense chlorine at 50 ppm. Corrected during inspection.</p> <p>14) Observed air fryers in use to cook food. All cooking equipment is required to be under a Type 1 or 2 Hood. Additionally, equipment is required to be commercial and ANSI certified. Discontinue use and remove from the facility.</p> <p>Provide this department manufacturer specification sheets for any new equipment to be installed in the facility for pre-approval. There are a few options available for equipment designed to operated without a commercial hood system. Also, some equipment may qualify for a small appliance exemption. For example, toasters do not require hoods IF they are to be used for toasting bread only.</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		X	
	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.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Derrick Hardman Received by (Signature): _____ Date: 09/25/2024
REHS (Print): Rick Florendo REHS (Signature): _____ Phone: 530-841-2114

Facility Name: Crave

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

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Received by (Signature):

Date:

09/25/2024

REHS (Print):

Rick Florendo

REHS (Signature):

Phone:

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