## 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	Na	me: Poncho &	Lefk	owit	Z	Permit # 000376						
Addres	s:	401 S. Mount	Shas	sta B	lvd.,	Mount Shasta, CA 96067						
Permit		der:	no.			Permit To Operate:						
Dhono		Charles Ma	anan	Š.		● Valid						
Phone: 530-638-6940 E-mail: cmahan580@gmail.com												
Food S	afe	ty Certified Employ	ee:			Expiration Date:						
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:						
.dr	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE						
Tem	200	Prep./ Service				NOOTINE INOI ECTION CONDUCTED THIS DATE						
me/	3	Storage/ Disp.										
n Tir	. 20	Frozen Food				This facility is approved to re-open for business.						
ectio	5	Pure Food										
Protection Time/ Temp.		Reused Food				Facility has corrected the violations that resulted in the ordered closure.						
		Transportation										
age	-	Storage Fac. Refrig. Units	E6 - 35			Continue to work on correcting other noted minor violations as previously directed.						
Food Storage	Toward Co.	Principle of the Control of the Cont										
S po												
Po		Hazardous Mat. Spoils										
	7	Wash/ Sanitize										
Uten./Equip.		Equip. Condition										
n./E		Utensil Condition										
Ute		Storage										
o)		Handwashing		X								
Employee	18	Employee Hygiene										
ldm:	19	Employee Habits										
	20	Food Cert./ Card		X								
Water	21	Water										
W		Cross Con.										
Waste		Liquid Waste										
	_	Refuse										
'ermin	_	Rodents/ Insects										
Ve		Animal/ Fowl										
		Ventilation										
ies	- 1	Doors										
Facilities		Floors Walls Callings		X								
ij.		Walls - Ceilings	Н	×								
		Toilet Fac.  Janitorial Fac.	Н	×								
		Lighting										
200		Clothing - Linen										
Misc.	1000	Signs										
2		Misc.		X								
MAJ =			UT =		f com	apliance COS = Corrected on-site						
Received By (Print): Received by (Signature): Date: Charles Mahan 09/26/2024												
REHS (Print): REHS (Signature): Phone: 530-841-2114												

Facility Name	Poncho & Lefkowitz	
r domity reams.		
	The marked items represent Health Code violations and must be	pe corrected as follows:
	X.	
Received By (Print):	Received by (Signature):	Date:
Cha	arles Mahan	09/26/2024
REHS (Print): Rick Flore	REHS (Signature):	Phone: 530-841-2114

Facility Name:		
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REHS (Print): Rick Flore	REHS (Signature):	Phone: 530-841-2114

Facility Name:	Poncho & Lefkowitz								
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		•							
Described Description		Pagained by (Signature):	Det						
	rles Mahan	Received by (Signature):	Date: 09/26/2024						
REHS (Print): Rick Flor	endo]	REHS (Signature):	Phone: 530-841-2114						