

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: Permit #								
Address: 5841 Dunsmuir Ave, Dunsmuir, CA, 96025									
Permi		lder:		1.20		Permit To Operate:			
	- 244	Jason Mille	ər			Valid Not Valid			
Phone		530-605-5139				E-mail: luckymillersdeli@gmail.com			
Food Safety Certified Employee: Expiration Date:									
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.				PRE-OPENING INSPECTION CONDUCTED THIS DATE.			
	2	Prep./ Service				FRE-OPENING INSPECTION CONDUCTED THIS DATE.			
	3	Storage/ Disp.							
	4	Frozen Food				This facility is approved to open when the following conditions are completed:			
ction	5	Pure Food				On the difference of the abunching of the community in a sink			
rote	6	Reused Food				 Create a 1" air gap on the plumbing of the warewashing sink. Install baseboard molding on the new wall in the warewashing area. 			
	7	Transportation	_			- Paint the unfinished surface of the new wall.			
ae	8	Storage Fac.				- Install a sweeper or other weather stripping to seal up the door to the back			
Food Storage		Refrig. Units				storage/restroom area.			
	10	Thermometer			_	- Install a light shield, bulb shields, or plastic LED lighting in the fixture above the heat			
		Hazardous Mat.				lamps. - Install covers on all the missing electrical plug and light switches.			
100 mail	10	Spoils	2			- Repair missing strips of wood on the dining room floor.			
uip.		Wash/ Sanitize				- Finish cleaning the facility.			
Uten./Equip.	-	Equip. Condition				- Obtain a food manager certification within 60 days.			
Jten	10000	Utensil Condition	_			- Obtain an operating permit from this department.			
	10000	Storage	-			Please obtain all permits and licenses from all agencies that have jurisdictional oversight			
ee	17	0				of this facility.			
Employee	Souther of	Employee Hygiene		$\left \right $	_	bar associations and the second s			
E		Employee Habits Food Cert./ Card	-						
-			-						
Water	22		-						
e <		Liquid Waste							
Waste		Refuse	-						
, Li		Rodents/ Insects	-						
Vermin		Animal/ Fowl			_				
-	27	Ventilation			2				
17521	28								
Facilities		Floors							
aci	30		-						
-	31	Toilet Fac.							
	32	Janitorial Fac.							
	33	Lighting							
Misc.	-	Clothing - Linen							
	35	Signs							
	S	Misc.							
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site									
Received By (Print): Received by (Signature): Date: 10/07/202						Received by (Signature): Date: 10/07/2024			
REHS (Print): REHS (Signature): Phone: Rick Florendo 530-841-2114						REHS (Signature): Phone: 530-841-2114			
L									

Facility Name:	Lucky Miller	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):		ate:
	ason Miller	10/07/2024
REHS (Print): Rick Flore		hone: 530-841-2114
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REHS (Print):	REHS (Signature):	Phone:
Rick Flo	prendo	530-841-2114
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REHS (Print): Rick Flor	REHS (Signature):	Phone: 530-841-2114
		000-041-2114