



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: Smoked Tomato Pie	Permit # 000770
Address: Smoked Tomato Pie, LLC	
Permit Holder: Smoked Tomato Pie, LLC	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-841-7119	E-mail: thefolks@smokedtomatopie.com
Food Safety Certified Employee: Kathleen T. Gerhardt	Expiration Date: 11/2028

		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.		X	
	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		X	
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED THIS DATE

11) Observed unlabeled spray bottles in the facility. Ensure all spray bottles are marked/labeled with a common name. Correct immediately

13) Observed numerous working clothes stored on the prep table. Observed no sani-buckets in used. Ensure reusable wash cloths are stored in sani-bucket with a sanitizing solution concentration of 100ppm chlorine or 200ppm quat. Correct immediately.

14) Ice machine stored in the bar area is currently plumbed directly into a sump pump. Ensure this equipment is plumbed indirectly with a 1" air gap at the rim of floor sink. Repair or correct within 90 days.

30) Observed numerous bare woods at the bar's handwash station at the following location: walls above and below sink, adjacent cabinet, and display shelves. Ensure the bare wood is finished as to be cleanable, nonabsorbent, durable, and smooth. Repair or correct within 60 days. 2ND NOTICE.

36) Observed an insect control device installed above the deli prep cooler across from the hot warmer. Ensure insect control device is not installed or located over food or utensil handling area, clean equipment, linens, and unwrapped single-use articles. Correct or remove immediately. 2ND NOTICE.

A REINSPECTION FEE WILL BE ASSESSED ON FUTURE NON-COMPLIANCE.

NOTE: Issued "Facility Inspection Notice" form.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Robert Gebhardt	Received by (Signature): _____ Date: 10/08/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Smoked Tomato Pie

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

(This area is currently blank, intended for listing health code violations and their corrections.)

Received By (Print): Robert Gebhardt	Received by (Signature):	Date: 10/08/2024
--	--------------------------	----------------------------

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

Facility Name: Smoked Tomato Pie

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

Empty area for listing health code violations and correction details.

Received By (Print): Robert Gebhardt	Received by (Signature):	Date: 10/08/2024
---	--------------------------	---------------------

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

Facility Name: Smoked Tomato Pie

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

Received By (Print): Robert Gebhardt	Received by (Signature):	Date: 10/08/2024
---	--------------------------	---------------------

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