



### 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>First and Last Coffee Lounge</b>	Permit # <b>001055</b>
Address: <b>335 S California St Dorris CA 96023</b>	
Permit Holder: <b>Shaun and Anna Felder</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>541-891-3056</b>	E-mail: <b>firstandlastcoffeelounge@gmail.com</b>
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.			
	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			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card		X	
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 ON THIS DATE

20) 2ND NOTICE: Obtain Food Manager certification within the next 30 days.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Shaun Felder</b>	Received by (Signature): _____ Date: <b>10/17/2024</b>
REHS (Print): <b>Alexa Roche</b>	REHS (Signature): _____ Phone: <b>530-841-2117</b>

**Facility Name:** First and Last Coffee Lounge

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

Received By (Print): Shaun Felder	Received by (Signature):	Date: 10/17/2024
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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Received by (Signature):

Date:  
10/17/2024

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Alexa Roche

REHS (Signature):

Phone:  
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