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: Linda's Soup Cafe Permit # 000302									
Addres	s:	1812 Fort Jone	s R	d, Yr	eka,	, CA 96097			
Permit		der:		(154)		Permit To Operate:			
Phone		Linda Gree	r						
		30-842-5236							
Food S	afe	ty Certified Employ	ee: L	.eah	D. F	Foster Expiration Date: 05/2028			
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.		×		ROUTINE INSPECTION CONDUCTED THIS DATE			
	3000	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE			
	3	Storage/ Disp.				1) Observed sliced deli meats and cheese in deli-prep cooler at 52F. Hold cold foods at			
	- 2/6	Frozen Food				41F or below. Voluntarily discarded.			
ctio	CONTRA	Pure Food				1) Observed numerous cold foods in deli-prep cooler at 45F-49F. Hold cold foods at 41F			
rote		Reused Food				or below. Correct immediately.			
Д		Transportation				of bolow. Correct miniodiatory.			
ge		Storage Fac.	18 35			10) Observed a thermometer missing inside the cabinet to the deli-prep cooler. Obtain			
tora	Section 2	Refrig. Units		$\overline{}$		one immediately and ensure it is placed at the warmest part of the refrigerator.			
Food Storage		Thermometer		X	8	11) Observed an unlabeled working spray bottle stored in the toilet facility. Ensure all			
Foc		Hazardous Mat.		×		spray bottles are marked with a common name. Correct ASAP.			
Secul		Spoils			8				
Uten./Equip.		Wash/ Sanitize		X		13) Observed 50ppm chlorine concentration in the sanitizer warewashing sink and sani-			
ı./Ec	-	Equip. Condition		X	-	bucket in the food prep area. Ensure disinfectant measures at 100ppm chlorine or			
Jten	.5000	Utensil Condition				200ppm quat. Utilize test strips to measure sanitizer solution concentration. Correct immediately.			
		Storage				ininediately.			
ee		Handwashing Employee Hygiene				14) Observed the lining inside all 3 microwaves peeling and damaged. Maintain all			
Employee		Employee Habits				equipment in good repair and not a source of contamination. Repair or replace within 90			
Em	_	Food Cert./ Card			-	days.			
_	7	Water				30) Observed a ceiling panel missing at the single-use utensil storage area next to the			
Water		Cross Con.				restroom. Observed dust build-up on the wall and ceiling outside the opening. Ensure			
		Liquid Waste				ceiling is sealed or closed to prevent entrances of vermin or other sources of			
Waste		Refuse				contamination. Repair or correct within 90 days.			
		Rodents/ Insects							
Vermin		Animal/ Fowl							
		Ventilation			9				
122	October 1	Doors							
Facilities	3 8	Floors	П						
-acil		Walls - Ceilings		X					
_	31	Toilet Fac.							
	-	Janitorial Fac.							
	33	Lighting							
ci.		Clothing - Linen							
Misc	1000	Signs							
		Misc.							
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site									
Received By (Print): Received by (Signature): Date: Leah Foster 10/18/2024									
REHS (Print): REHS (Signature): Phone: 530-841-2112									

Facility Name:	Linda's Soup Cafe			
	The marked items rep	resent Health Code violations and mus	st be corrected as follows:	
8				
Received By (Print):	ah Foster	Received by (Signature):	Date: 10/18/202	4
REHS (Print): Chalyn D)ewey	REHS (Signature):	Phone: 530-841-211	2

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