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: Misty's Wet Yer Whistle Permit # 000333											
Address: 401 S Main Street, Yreka CA 96097											
Permit	Permit Holder: Misty Thibaudeau Permit To Operate: Valid Not Valid										
Phone: 530-842-0221 E-mail: mistealynn@aol.com											
Food Safety Certified Employee: Misty Thibaudeau Expiration Date: 06/2024											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
Protection Time/ Temp.	1	Food Temp.	IVIAU	X	X	The marked items represent fleatin Gode violations and must be corrected as follows.	٦				
	2	Prep./ Service	Н	^	^	ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.				1) Observed milk sitting on counter with an ambient temperature of 54F. Hold dairy					
	4	Frozen Food				foods at 45F or below. Milk moved into refrigerator.					
	5	Pure Food		X		Toole at 161 of polow. White Hove white formigorator.					
	6	Reused Food	Ш	, ,		5) Observed farm grown eggs stored in the back reach-in refrigerator. Ensure eggs					
	7	Transportation				comes from an approved source and is pasteurized. Discontinue use and remove from					
(See)	8	Storage Fac.				facility immediately.					
rage	9	Refrig. Units	EA 37	Χ	-	9) Observed water pooling and calcium buildup up on the bottom cabinet of the deli-prep	g Q				
Food Storage	10	Thermometer	Ш			cooler in the front. Observed water pooling with brown rust spots on the bottom of the					
	11	Hazardous Mat.			ŷ.	refrigerator in the kitchen. Maintain equipment in good repair, fully serviceable, and					
	delle	Spoils	П			clean at all times. Repair or correct within 60 days. 2ND NOTICE.					
ď.	13	Wash/ Sanitize			9	44) Observed "Herrobold Hee Only" Kitchen Aid food processes and blander Hilling					
Uten./Equip.	14	Equip. Condition	Ш	X		14) Observed "Household Use Only" KitchenAid food processor and blender. Utilize ANSI certified and commercial equipment. Discontinue use, remove and replace					
en./E	15	Utensil Condition	Ш			immediately. Provide manufacturer spec sheet for pre-approval prior to purchase and					
Ute		Storage				installation. 2ND NOTICE.					
d)	17	Handwashing		X							
Employee	18	Employee Hygiene				17) Observed handsoap in a squeeze bottle at the handwashing station at the front.					
npk	19	Employee Habits				Ensure soap dispenses from a dispenser or pump soap for hands free handwashing. Correct immediately.					
ш	20	Food Cert./ Card				Control Infiniteliatory.					
ter	21	Water				25) Observed numerous dust, live spiders and spider webs in hard-to-reach places					
Water	22	Cross Con.				throughout the facility. Maintain facility in a clean manner and not a source of					
Waste	23	Liquid Waste				contamination. Clean and sanitize immediately.					
Wa	24	Refuse	П			30) Observed missing and water damaged ceiling panels in the dining area and middle					
Vermin	25	Rodents/ Insects		X		storage area. Observed buckets used to collect rain water and dispose of damaged					
Ven	26	Animal/ Fowl				ceiling panels. Ensure ceiling are sealed in a manner to be smooth, durable,					
	27	Ventilation			9	nonabsorbent, and cleanable to prevent entrances of vermin/rodents and other sources					
S	28	Doors				of contamination. Repair within 30 days.					
-acilities	29	Floors				33) Observed a broken light shield above the prep sink. Repair light shield to prevent					
Fac	30	Walls - Ceilings		X		contamination of food or food prep area. Repair within 30 days. 2ND NOTICE.					
	31	Toilet Fac.									
	32	Janitorial Fac.				A REINSPECTION FEE WILL BE ASSESS ON REPEATED NON-COMPLIANCE.					
	33	Lighting		X		NOTE: located "Facility Inspection Nation" forms					
SC.	34	Clothing - Linen				NOTE: Issued "Facility Inspection Notice" form.					
	35	Signs									
		Misc.									
		444.00044-000-00	UT =	Out	of com	pliance COS = Corrected on-site	4				
Received By (Print): Received by (Signature): Date: Misty Thibaudeau 10/24/2024											
REHS (Print): Chalyn Dewe	REHS (Print): REHS (Signature): Phone: 530-841-2112								

Facility Name: Misty's W	Vet Yer Whistle	
The ma	arked items represent Health Code violations and must be co	orrected as follows:
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Received By (Print):	Received by (Signature):	Date:
Misty Thibau		10/24/2024
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey		530-841-2112

Facility Name:	Misty's Wet Yer Whistle	
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Misty	y Thibaudeau	10/24/2024
REHS (Print): Chalyn D		hone: 530-841-2112

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Misty	Thibaudeau		10/24/2024
REHS (Print): Chalyn De		REHS (Signature):	Phone: 530-841-2112