



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: Sparky's Taphouse | Permit # 000574 |
| Address: 316 N. Mount Shasta Blvd., Mount Shasta, CA, 96067 | |
| Permit Holder: Lilo Cooks, LLC. | Permit To Operate: <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: 530-918-6015 | E-mail: yaksbusiness1@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. | | | <p style="text-align: center; font-weight: bold; font-size: 1.2em;">PRE-OPENING INSPECTION CONDUCTED THIS DATE</p> <p>This facility is approved to open with the following conditions:</p> <ul style="list-style-type: none"> - Ensure the facility is completely cleaned after the redecoration. - Obtain a food manager certification within 60 days. - All new employees obtain a food handler card within 30 days. |
| | 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 | | | |
| Water | 21 | Water | | | |
| | 22 | Cross Con. | | | |
| Waste | 23 | Liquid Waste | | | |
| | 24 | Refuse | | | |
| Vermin | 25 | Rodents/ Insects | | | |
| | 26 | Animal/ Fowl | | | |
| Facilities | 27 | Ventilation | <input type="checkbox"/> | | |
| | 28 | Doors | <input type="checkbox"/> | | |
| | 29 | Floors | <input type="checkbox"/> | | |
| | 30 | Walls - Ceilings | <input type="checkbox"/> | | |
| | 31 | Toilet Fac. | <input type="checkbox"/> | | |
| | 32 | Janitorial Fac. | <input type="checkbox"/> | | |
| | 33 | Lighting | <input type="checkbox"/> | | |
| Misc. | 34 | Clothing - Linen | <input type="checkbox"/> | | |
| | 35 | Signs | <input type="checkbox"/> | | |
| | 36 | Misc. | <input type="checkbox"/> | | |

| |
|---|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site |
| Received By (Print): Alyssa Williams Received by (Signature): _____ Date: 11/18/2024 |
| REHS (Print): Rick Florendo REHS (Signature): _____ Phone: 530-841-2114 |

Facility Name: Sparky's Taphouse

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

Received By (Print): Alyssa Williams Received by (Signature): Date: 11/18/2024

REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-2114

Facility Name: Sparky's Taphouse

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

| | | |
|---|--------------------------|---------------------|
| Received By (Print): Alyssa Williams | Received by (Signature): | Date: 11/18/2024 |
|---|--------------------------|---------------------|

| | | |
|--------------------------------|-------------------|------------------------|
| REHS (Print): Rick Florendo | REHS (Signature): | Phone: 530-841-2114 |
|--------------------------------|-------------------|------------------------|

Facility Name: Sparky's Taphouse

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): Alyssa Williams | Received by (Signature): | Date: 11/18/2024 |
|---|--------------------------|---------------------|

| | | |
|--------------------------------|-------------------|------------------------|
| REHS (Print): Rick Florendo | REHS (Signature): | Phone: 530-841-2114 |
|--------------------------------|-------------------|------------------------|