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	Nai	me: Sheppard	Hon	ey C	o. (CFO-B	Permit #	000078				
Addres						F, Dunsmuir, CA, 96025						
Permit		der:					Permit To	Operate:				
		Bonnie She	eppa	rd			X Valid	Not Valid				
Phone	5	30-925-6759				E-mail: sheppardsho	oneyco@gmail.com					
Food S	afet	ty Certified Employ	ee:			na	Expiration	Date:				
MAJ OUT COS					cos		th Code violations and must be corrected	d as follows:				
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE						
	2	Prep./ Service				NOOTINE INOI EOTIO						
	3	Storage/ Disp.				Satisfactory at Present Time						
	4	Frozen Food										
	, terrato	Pure Food										
	6	Reused Food				Satisfactory at Fresent Time						
	7	Transportation										
Food Storage	8	Storage Fac.										
		Refrig. Units										
	10	Thermometer										
		Hazardous Mat.										
	12	Spoils										
Uten./Equip.	13	Wash/ Sanitize										
	14	Equip. Condition		,								
ten.		Utensil Condition										
n	16	Storage										
96	-	Handwashing										
Employee	18	Employee Hygiene										
∃mp		Employee Habits										
	7 2	Food Cert./ Card										
Water		Water										
>		Cross Con.										
Waste		Liquid Waste										
Š		Refuse										
/ermin		Rodents/ Insects										
Ve	-	Animal/ Fowl										
	_	Ventilation	Ш									
es		Doors										
Facilities		Floors										
Fa	-	Walls - Ceilings			19							
		Toilet Fac.	Ш									
		Janitorial Fac.										
		Lighting										
SC.		Clothing - Linen	Ш									
		Signs	Ш									
		Misc.	Ļ		,							
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: Bonnie Sheppard 11/12/2024												
REHS (Print): REHS (Signature): Phone: 530-841-2114							30-841-2114					

Facility Name:	Sheppard Honey Co. CFO-B	
	The marked items represent Health Code violations and must b	e corrected as follows:
		_
Received By (Print):	Received by (Signature): onnie Sheppard	Date: 11/12/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Sheppard Honey Co. CFO-B							
	The marked items represent Health Code violations and must be corrected as follows:	DWS:						
,								
<u> </u>	Description (O'morton)							
Received By (Print): Boni	Received by (Signature): nie Sheppard	Date: 11/12/2024						
REHS (Print):	REHS (Signature):	Phone:						

530-841-2114

Rick Florendo

Facility Name:	e: Sheppard Honey Co. CFO-B						
	The marked items represent Health Co	de violations and must be corrected as follo	ws:				
•							
Received By (Print):	Received by (inie Sheppard	Signature):	Date: 11/12/2024				
REHS (Print): Rick Flo	REHS (Signa	iture):	Phone: 530-841-2114				

530-841-2114