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

							76 70			
Facility Name: Bella Art Works & Ice Cream Permit # 000107										
Addres	SS:	117 W Miner S	St., Y	'reka	a, CA	96097				
Permit	Hol	der:	N		(3)		Permit To Operate:			
Di		Talya Nich	olsol	n		F 22.20	Valid			
Phone	-	30-842-5411				E-mail: bellaartworks@hotmail.com				
Food S	Safet	ty Certified Employ	ee: T	alya	Nic	holson	Expiration Date: 06/2027			
		MAJ OUT COS				The marked items represent Health Code violations and must be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.				POLITINE INSPECTION CONDUCTED T	THIS DATE			
	2	Prep./ Service		X	×	ROUTINE INSPECTION CONDUCTED T	HIS DATE			
	3	Storage/ Disp.				2, 14) Observed numerous ice cream scoops stored in ice cream dipper well with v				
	4	Frozen Food								
	5	Pure Food				turned off at the faucet. Ensure utensils (ie ice cream scoops) used with moist food (ie ice cream) are stored in dipper well with running water of sufficient velocity to flush particulates to the drain. Scoops cleaned and sanitized during inspection and water at faucet turned on.				
rote	6	Reused Food								
Б	7	Transportation								
е	8	Storage Fac.				laucer rumeu on.				
Food Storage	9	Refrig. Units	153 27	3						
	10	Thermometer		8		17) Observed no hot water at handwashing station in the				
000	11	Hazardous Mat.		Č.		handwashing, ensure hadnwashing stations are constan				
щ	12	Spoils				single-use paper towels and hand soap in dispensers. C	orrected onsite.			
Uten./Equip.	13	Wash/ Sanitize		3						
	14	Equip. Condition		X	X					
en./	15	Utensil Condition								
Ď	16	Storage								
Φ	17	Handwashing		×	×					
oye	18	Employee Hygiene								
Employee	19	Employee Habits								
ш	20	Food Cert./ Card								
ter	21	Water								
Water	22	Cross Con.								
Waste	23	Liquid Waste								
Wa	24	Refuse								
min	25	Rodents/ Insects								
Ver	26	Animal/ Fowl								
	27	Ventilation								
S	28	Doors								
Facilities	29	Floors								
Fac	30	Walls - Ceilings								
30%	31	Toilet Fac.								
	32	Janitorial Fac.								
	33	Lighting								
c.		Clothing - Linen								
-	35	Signs								
		Misc.								
	Maj	or violation C	UT =	Out	of con	ppliance COS = Corrected on-site				
Receive	ed By	(Print): Holly Ba	ailey			Received by (Signature):	Date: 01/09/2025			
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112						Phone: 530-841-2112				

The marked items represent Health Code violations and must be corrected as follows: The marked items represent Health Code violations and must be corrected as follows:	Facility Name:	Bella Art Works & Ice Cream	
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	The marked items re	present Health Code violations and must be co	rrected as follows:
Received By (Print):		Received by (Signature):	Date:
Holly	/ Bailey	Necessary (Olymatule).	01/09/2025
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