

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: Liquor Warehouse Permit # 100050									
Addres	ss:	420 Alamo Ave			A				
Permit	Hole	^{der:} Kartar Sing	 ah				Permit To Operate: O Valid Not Valid		
Phone	. ,	530-216-0511				E-mail:	<u> </u>		
Food S		ty Certified Employ	/ee;				Expiration Date:		
	,	.y co					·		
1		E. d Tamp	MAJ	OUT (OS	•	e violations and must be corrected as follows:		
Protection Time/ Temp.		Food Temp.	╀	\rightarrow	_	ROUTINE INSPECTIO	N CONDUCTED THIS DATE		
		Prep./ Service	┼┼┼	X	— 2 14) Oh	served build up in the ice machine and	d ice scoop stored on top of dirty machine. Facility		
ime		Storage/ Disp.	\vdash	- - - - - - - - - - - - - -			Il continuing with bagging ice. As stated in previous		
T IX	-	Frozen Food	\vdash	\dashv		inspections, bagging ice is considered food preparation and must be discontinued until videre corrected. 4TH NOTICE REINSPECTION FEE ASSSESSED FOR CONTINUOUS NO			
ectic	\vdash	Pure Food	┾	\dashv	are corre				
² rot	\vdash	Reused Food	╀	\dashv	COMPLIA	ANCE.			
ь	_	Transportation	\vdash	\dashv		14) Observed handwashing sink has continued to not be attached to	I to not be attached to the wall correctly, as stated in		
Эe		Storage Fac.	\sqcup	\dashv			tems being stored in the handwashing sink. Repair		
Food Storage	_	Refrig. Units	$\downarrow \downarrow$	\dashv			ECTION FEE ASSESSED FOR CONTINUOUS		
		Thermometer	$\downarrow \downarrow \downarrow$	\dashv		MPLIANCE.			
F00	-	Hazardous Mat.	igspace	\rightarrow					
-		Spoils	\sqcup				oor of the walk-in refrigerator. Removed to waste		
ë	13	Wash/ Sanitize	\sqcup	×	shell in o	order to prevent being purchased. Corr	ected onsite.		
Uten./Equip.	14	Equip. Condition		X	29) Obse	erved floors in the walk-in refrigerator h	naving build up of debris and food. Clean		
ten.		Utensil Condition	Ш				EE ASSESSED FOR CONTINUOUS NON-		
Ď	16	Storage			COMPLIA	-			
φ	17	Handwashing							
Employee	18	Employee Hygiene	Ш	X			, debris, dirt, and unknown materials along the floors		
d E	19	Employee Habits	Ш		III the loc	od prep area. Clean immediately			
	20	Food Cert./ Card		X	13, 31) C	Observed handwashing sink in bathroo	m has no method to dry hands as stated in previous		
Water	21	1 Water		inspectio	inspections. Facility must install single use paper towels in order to allow proper				
	22	Cross Con.			using the	e toilet.			
Waste	23	Liquid Waste			10) Obse	40.01	C F		
Ma	24	Refuse		X		erved no paper towels in the food prep order to allow employees to wash hai	aration area. Facility must install single use paper		
Vermin	25	Rodents/ Insects				order to allow employees to wash har	ius between 1000 preparation.		
Ver	26	Animal/ Fowl			31) Fan i	31) Fan in restroom is non-operational and has not been repaired s	not been repaired since last inspection. 4TH		
	27	Ventilation					ORCONTINUOUS NON-COMPLIANCE		
Ñ	28	Doors			22) 5		A DECIMINETIAN FEE IO		
-acilities	29	Floors		X		ity has no food manager certification. 3 SED FOR NON-COMPLIANCE OF RE	BRD NOTICE, A RESINPECTION FEE IS		
Fac	30	Walls - Ceilings			AGGLGG	BED FOR NON-COMI LIANCE OF ILE	FEAT VIOLATIONS.		
	31	Toilet Fac.		X	ALL VIOI	LATIONS WILL NEED TO BE CORRE	CTED WITHIN THE NEXT 30 DAYS.		
	32	Janitorial Fac.					IN FINES, PERMIT REVOCATION, OR CRIMINAL		
	33	Lighting					this facility must discontinue bagging ice or any		
ပ		Clothing - Linen			other too	other food prep until all violations have been corrected.			
Misc.	35	Signs							
ľ		Misc.							
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site									
Received By (Print): Received by (Signature): Date: VICKY KUMAR Received by (Signature): 4/27/2023									
REHS (Print	Alexa Roche				REHS (Signature):	Phone: 530-841-2117		

Facility Name:	Liquor Warehouse	
	The marked items represent Health Code violations and must be corrected as	follows:
Descripted Des (Detail)	Received by (Signature):	Doto
	ICKY KUMAR	Date: 4/27/2023
REHS (Print): Alexa Ro	REHS (Signature): oche	Phone: 530-841-2117

Facility Name: Lic	quor Warehouse	
	The marked items represent Health Code violations and must be	pe corrected as follows:
Received By (Print): VICKY	Received by (Signature): KUMAR	Date: 4/27/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Liquor Warehouse		
	The marked items represent	Health Code violations and must be corr	ected as follows:
Descrived Dr. (Date)	ח	eceived by (Signature):	Deter
	KY KUMAR		Date: 4/27/2023
REHS (Print): Alexa Ro	r oche	REHS (Signature):	Phone: 530-841-2117