



Food Program Official Inspection Report
 SISKIYOU COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 ph: (530) 841-2100, fax: (530) 841-4076

| | |
|-------------------------------------------------|-----------------------------------------------------------------------------------------|
| Facility Name: <u>Callahan Emporium</u> | CMHC# |
| Address: <u>12511 State Hwy 3 Callahan, CA.</u> | |
| Permit Holder: <u>Chelsea Gunderson</u> | Permit To Operate: <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: | E-mail: |

| | |
|---------------------------------|------------------|
| 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 | | X | | <u>Routine inspection conducted this date</u> <u>This facility is operating with-out a current permit from Sisk. Co. Environmental Health. Copy of statement issued</u> |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| | 6 | | | | |
| | 7 | | | | |
| Food Storage | 8 | | | | |
| | 9 | | | | |
| | 10 | | | | |
| | 11 | | | | |
| | 12 | | | | |
| Uten./Equip. | 13 | | | | |
| | 14 | | | | |
| | 15 | | | | |
| | 16 | | | | |
| Employee | 17 | | | | <u>DWALK-IN cooler 45°F needs to be 41°F or below</u> |
| | 18 | | | | |
| | 19 | | | | |
| | 20 | | | | |
| Water | 21 | | | | |
| | 22 | | | | |
| Waste | 23 | | | | |
| | 24 | | | | |
| Vermif | 25 | | | | |
| | 26 | | | | |
| Facilities | 27 | | | | |
| | 28 | | | | |
| | 29 | | | | |
| | 30 | | | | |
| | 31 | | | | |
| | 32 | | | | |
| | 33 | | | | |
| Misc. | 34 | | | | |
| | 35 | | | | |
| | 36 | | | | |

| | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): <u>Chelsea B</u> | Received by (Signature): <u>Chelsea Barnes</u> Date: <u>5/24/23</u> |
| REHS (Print): <u>David Jackson</u> | REHS (Signature): <u>[Signature]</u> Phone: <u>530-841-2114</u> |

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