

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	Permit # 000392										
Addres	SS:	Ricon Lat 419 Chestnut		Mour	nt Sh	nasta, CA, 96067					
Permit	Hol	^{der:} Claudio S.	Rub	Permit To Operate: O Valid O Not Valid							
Phone	:	530-926-4523				E-mail:					
Food S		ty Certified Employ	yee:			NA	Expiration Date:				
			MAJ	OUT	cos	The marked items represent Health Code v	iolations and must be corrected as follows:				
p.	1	Food Temp.				DOLITING INCRECTION CON	DUCTED THIS DATE				
Гет	2	Prep./ Service				ROUTINE INSPECTION CON	DUCTED THIS DATE				
ne/ .	3	Storage/ Disp.									
Protection Time/ Temp.	4	Frozen Food				Satisfactory at present time.					
	5	Pure Food				•					
	6	Reused Food									
	7	Transportation									
Φ	8	Storage Fac.									
orag	9	Refrig. Units	<u> </u>								
Food Storage	10	Thermometer									
00-	_	Hazardous Mat.									
-	12	Spoils									
ġ	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
ten.	15	Utensil Condition									
n	16	Storage									
e	17	Handwashing									
Employee	_	Employee Hygiene									
dw⊒	_	Employee Habits									
		Food Cert./ Card									
Water	_	Water									
>		Cross Con.									
Waste	_	Liquid Waste									
		Refuse									
Vermin	_	Rodents/ Insects	ļ								
Ve		Animal/ Fowl									
	_	Ventilation									
es	-	Doors									
Facilities	_	Floors	Н								
Fe	_	Walls - Ceilings									
	_	Toilet Fac.									
	-	Janitorial Fac.									
		Lighting		-							
Misc.		Clothing - Linen	Н	\vdash							
Ξ		Signs	Н	\vdash							
MA.I =		Misc. or violation (DUT =	Out	of com	npliance COS = Corrected on-site					
		y (Print): Maria S			,, <u>0011</u>	Wegceived by (Signature):	Date: 06/12/2023				
REHS (Print	Rick Florence	do			REHS (Signature):	Phone: 530-841-2114				
		Page 1					Last modified 4/12/2023				

Page 1

Facility Name:	Ricon Latino	
	The marked items represent Health Code violations and must	be corrected as follows:
	,	
Received By (Print):	Received by (Signature):	Date:
Ma	ria Sanchez	06/12/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Ricon Latino	
	The marked items represent Health Code violations and must be corrected as follows:	
•		
Received By (Print):	Received by (Signature): Date:	
Mar		06/12/2023
RFHS (Print)	REHS (Signature): Phone	۸.

530-841-2114

Rick Florendo

Facility Name:	Ricon Latino			
	The marked items represer	nt Health Code violations and must b	e corrected as follows:	
	ia Sanchez	Received by (Signature):	Date: 06/12/2023	
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114	