

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: Sierra Cascade Nursery 624867							
Addres	ss:	17230 Valley	View Dr	ive Tu	ılelake CA		
Permit						Permit To Valid	Operate: Not Valid
Phone	•	530-643-3338			E-mail:	angelica.rubio@sierracascadenursery.com	
Food Safety Certified Employee: Martha Rubio					ubio	Expiration	Date: 2025
			MAJ OU			represent Health Code violations and must be corrected	
Protection Time/ Temp.		Food Temp.				SPECTION CONDUCTED ON THIS DATE	
		Prep./ Service	+		KOOTINE IIN	or Edition Condocted on This BATE	
	_	Storage/ Disp. Frozen Food	++		SAT		
	-		++				
	-	Pure Food Reused Food	\vdash				
			\vdash				
	7	Transportation	+				
Food Storage	_	Storage Fac.	+				
	-	Refrig. Units	+-+	_			
		Thermometer			NOTE: CORRECT SITE ADDRESS ON PERMIT TO		
	-	Hazardous Mat.	+				
Uten./Equip.		Spoils	+		17230 VAI	LLEY VIEW DRIVE,TULELAKE Ca	
		Wash/ Sanitize	+				
	-	Equip. Condition	+				
Jten	-	Utensil Condition	+				
	-	Storage	++				
9	-	Handwashing	+				
Employee		Employee Hygiene	+				
E		Employee Habits	 	1			
		Food Cert./ Card	+				
Water	_	Water	++				
		Cross Con.	++				
Waste	-	Liquid Waste	++				
		Refuse	+				
Vermin	_	Rodents/ Insects	+				
Š		Animal/ Fowl	\vdash				
		Ventilation	\vdash				
es		Doors					
Facilities	_	Floors	\vdash				
Ŗ		Walls - Ceilings	\vdash				
	_	Toilet Fac.	\vdash				
		Janitorial Fac.	\vdash				
		Lighting	\vdash	+			
Misc.		Clothing - Linen	\vdash	+			
		Signs	\vdash	-			
ΜΔΙ-		Misc.	OUT = Out	of com	npliance COS = Corrected or	a dita	
MAJ = Major violation OUT = Out of compliance COS = Corrected on site Received By (Print): Received By (Print): Date: Angelica Rubio 6/30/2023							
REHS (Print): Alexa Roche REHS (Signature): Phone: 530-841-2117							0-841-2117
							Last modified 4/12/2023

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Facility Name: S	Sierra Cascade Nursery					
	The marked items represent Health Code violations and must be corrected as follows	:				
•						
Received By (Print):	Received by (Signature):	Date:				
Ang	elica Rubio	6/30/2023				
RFHS (Print)		Phone:				

530-841-2117

Alexa Roche

Facility Name:	Sierra Cascade Nurse	ery	
		present Health Code violations and must be	corrected as follows:
,			
Received By (Print): Ang	elica Rubio	Received by (Signature):	Date: 6/30/2023
REHS (Print): Alexa R	oche	REHS (Signature):	Phone: 530-841-2117

Facility Name:	Sierra Cascade Nu	rsery	
	The marked items	represent Health Code violations and must be co	prrected as follows:
•			
Received By (Print):		Received by (Signature):	Date:
	gelica Rubio		6/30/2023
REHS (Print):		REHS (Signature):	Phone:
. Alexa R	oche	•	530-841-2117