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	Na	me: Pipeline C	raft ⁻	Taps	& K	itchen	Permit # 000570				
Addres	ss:	320 W. Mount	Sha	sta E	Blvd.	, Mount Shasta, CA, 96067					
Permit	Hol	der: Black Dog	Proje	ect Ir	nc.		Permit To Operate: O Valid Not Valid				
Phone	F	30-918-6020				E-mail: lj@pipelinecrafttaps.com					
Food S		ty Certified Employ	ee:			, ср. режинарскоги	Expiration Date:				
			MAI	OUT	COS	The marked items represent Health Code violations an	d must be corrected as follows:				
	1	Food Temp.	IVIAJ	X	X	The marked items represent freatiti Code violations an	d must be corrected as follows.				
ion Time/ Temp		Prep./ Service				ROUTINE INSPECTION CONDUCTE	D THIS DATE				
		Storage/ Disp.				4) Observed food stored in counterton deligness cool	or bold of 54 CO dogress 5 Upld				
		Frozen Food				1) Observed food stored in countertop deli prep cooler held at 54-60 degrees F. I all cold food at 41 degrees F or colder. Voluntarily Discarded.					
	5	Pure Food				an cold rood at 41 degrees 1 of colder. Voluntarily Discarded.					
otect	6	Reused Food				14) Observed domestic food dehydrator used to dehydrate fruit. All equipment used in					
Pr	7	Transportation				this facility should be commercial and ANSI certified. Get approval from this depar					
Misc. Facilities Nater Employee Uten./Equip. Food Storage Protection Time/ Temp. Apployee		Storage Fac.				for all new equipment prior to installation in the facility	. Remove/replace asap.				
	_	Refrig. Units				16) Observed utensils hanging from ANSUL fire supp	ression system Store all utensils				
	10	Thermometer	-			in a manner to protect them from contamination. The					
poc	11	Hazardous Mat.				a surface that is cleaned and sanitized regularly. Was	sh, rinse, and sanitize all of these				
щ	12	Spoils				utensils and store them in an alternate location.					
<u>.d</u>	13	Wash/ Sanitize		X		13) Observed excessive buildup of slime or mold insid	de of the ice machine Maintain				
Equi	14	Equip. Condition		×		13) Observed excessive buildup of slime or mold inside of the ice machine. Mai equipment in a cleanly and serviceable condition at all times. Discard ice and cl					
en./l	15	Utensil Condition				machine in accordance with manufacturer's instructio					
ž	16	Storage		×							
Φ	17	Handwashing		X		17) Observed no dispenser utilized for the single use paper towels located a					
oye	18	Employee Hygiene				hand washing sink. Install these towels in a dispense	er asap.				
ldm:	19	Employee Habits				20) Observed no food manager certificate available fo	or inspection. Facility is required to				
ш	20	Food Cert./ Card		×		have a current food manager certificate holder at all ti	mes. Please provide a copy of the				
ater	21	Water				certificate to this office for record and maintain a copy	at the facility.				
×	22	Cross Con.									
aste		Liquid Waste									
	24	Refuse									
r Li	25	Rodents/ Insects									
\ \	26	Animal/ Fowl									
		Ventilation	Ш								
Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage	28	Doors	Ш								
		Floors									
Б	30	Walls - Ceilings									
		Toilet Fac.									
	32	Janitorial Fac.									
		Lighting									
isc.		Clothing - Linen									
Σ		Signs	Н								
ΜΔΙ		Misc.	LLIT	Out	of com	apliance COS = Corrected on-site					
			.51 =	Juit	,, 6011	Received by (Signature):	Date: 09/19/2023				
DEUC /	Dri~'					DEUS (Signatura):					
veus (riini	Rick Florend	0			REHS (Signature):	Phone: 530-841-2114				

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Facility Name:	Pipeline Craft Taps & Kitchen	
	The marked items represent Health Code violations and must be corr	ected as follows:
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	· ·	
Received By (Print):	Received by (Signature):	Date:
		09/19/2023
REHS (Print):	REHS (Signature):	Phone:
Rick Flore	endo	530-841-2114

Facility Name:	Pipeline Craft Taps & Kitchen	
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