Food Program Official Inspection Report



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

Yreka, California 96097 phone: (530) 841-2100, fax: (530) 841-4076

Facility	' Na	me: BEE KIND	BEE KIND BAKERY Permit # 000973					
Addres	· ·					DUNSMUIR, CA		
Permit Holder: BRANDY BLACK Permit To Operate: One Valid Not Valid								
	5	30-500-5224					COM	
Food S	Safe	ty Certified Employ	/ee: F	Brand	dv C	Black	Expiration Date: 8/2025	
emp.	1	Food Temp.				•		
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED	ITIIS DATE	
T/ə	3	Storage/ Disp.				11) Observed a bottle of unlabeled chemical stored in the	ne kitchen area. Label all	
tion Tim	4	Frozen Food				chemical bottles to help ensure proper storage and use.		
	5	Pure Food				12) Observed soiled lines on the prop table. Her eleth I	inan anag aftar uga ar ugad	
otec	6	Reused Food						
Ā	7	Transportation				repeateury, field in a saint-bucket. Correct asap.		
a)	8	Storage Fac.				14) Observed "Household Use Only" equipment like food processor and mixer in food		
A Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	9	Refrig. Units						
	10	Thermometer					e all unapproved cooking	
	11	Hazardous Mat.		×		equipment from the facility.		
ш	12	Spoils						
j.	13	Wash/ Sanitize		X				
/Equ	14	Equip. Condition		×				
ten.	15	Utensil Condition						
Ď	16	Storage						
Φ	_	Handwashing						
loye	18	Employee Hygiene						
d iii	_	Employee Habits						
		Food Cert./ Card						
		Water						
		Cross Con.						
Vaste		Liquid Waste						
		Refuse					Permit To Operate:	
ermir	_	Rodents/ Insects				E-mail: BEEKINDCATERING@GMAIL.COM C. Black The marked items represent Health Code violations and must be corrected as follows: ROUTINE INSPECTION CONDUCTED THIS DATE 11) Observed a bottle of unlabeled chemical stored in the kitchen area. Label all chemical bottles to help ensure proper storage and use. 13) Observed soiled linen on the prep table. Use cloth linen once after use or use repeatedly, held in a sani-bucket. Correct asap. 14) Observed "Household Use Only" equipment like food processor and mixer in prep area. Cooking equipment need to be NSF/ANSI approved. Submit cut shee any equipment from the facility. Dompliance COS = Corrected on-site Received by (Signature): Date: 9/27/2023 REHS (Signature): Phone:		
Š		Animal/ Fowl				UNSMUIR, CA Permit To Operate: Valid Not E-mail: BEEKINDCATERING@GMAIL.COM Expiration Date: 8/2 The marked items represent Health Code violations and must be corrected as follows ROUTINE INSPECTION CONDUCTED THIS DATE 11) Observed a bottle of unlabeled chemical stored in the kitchen area. Labe hemical bottles to help ensure proper storage and use. 3) Observed soiled linen on the prep table. Use cloth linen once after use or epeatedly, held in a sani-bucket. Correct asap. 4) Observed "Household Use Only" equipment like food processor and mixerep area. Cooking equipment need to be NSF/ANSI approved. Submit cut s my equipment for approval. Discontinue use and remove all unapproved cool quipment from the facility. ance		
	27	Ventilation		Brandy C. Black A OUT COS The marked in ROUT 11) Observed a bottle chemical bottles to he				
ies	28							
acilit	-	Floors	Н					
ш		Walls - Ceilings		-				
	31	Toilet Fac. Janitorial Fac.						
				-				
	34	Lighting Clothing - Linen	Н					
/lisc.	35	, , ,						
2		Misc.						
MAJ =			DUT =	Out o	of com	ppliance COS = Corrected on-site		
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:								
			Diac	ĸ				
REHS (Print): REHS (Signature): Phone: 530-841-2112								
		3.1a.j.1. 50W	-,					

Facility Name: BEE KIND BAKEF	ΥΥ	
The marked items	represent Health Code violations and must be co	orrected as follows:
Received By (Print):	Received by (Signature):	Date:
Brandy Black		9/27/2023
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
5.1.a.,11 50110y		000 0 11 2112

Facility Name:	BEE KIND BAKERY	
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	A.	
Received By (Print):		//
	•	9/27/2023
REHS (Print): Chalyn I	REHS (Signature): Phone Dewey 530	e: 0-841-2112

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Descripted Dry (Date)	Pageinad by (Cignatura)	
	andy Black 9	/27/2023
REHS (Print): Chalyn [REHS (Signature): Phor Dewey 53	ne: 30-841-2112