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: Nature's Kitchen Permit # 000359										
Addre	ss:	412 South Ma	in St	. Yre	eka,	CA 96097				
Permit Holder: Clifford Clouse Permit To Operate: Valid Not Valid										
Phone	: 5	30-842-1136				E-mail:				
Food S		y Certified Employ	/ee:				Expiration Date:			
			MAJ	OUT	cos	The marked items represent Health Code violations	s and must be corrected as follows:			
Ċ.	1	Food Temp.		00.	000	·				
Protection Time/ Temp.	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE 3) Observed soup and produce stored on the ground in the walk-in cooler. Store 6" off the ground. Correct immediately.				
	3	Storage/ Disp.		X						
	4	Frozen Food								
	5	Pure Food				,				
	6	Reused Food				13) Observe working clothes in used stored on food prep surfaces. Store these will alothes in a conjugate hunter in between use. Utilize capitizer that is 200 ppm Quet				
	7	Transportation				clothes in a sanitizer bucket in between use. Utilize sanitizer that is 200 ppm Qua 100 ppm Chlorine. Utilize test strips to measure concentration of sanitizer. Corre				
Ф	8	Storage Fac.				-site.				
Food Storage	9	Refrig. Units								
	10	Thermometer				16) Observed "Household Use Only" equipments (food processor, blender, and slo				
	11	Hazardous Mat.				cooker) in the the kitchen. Only utilize commercial				
	12	Spoils				certified and pre-approved by this department. Move domestic equipment to anot location not within the kitchen and submit cut sheet of new equipments prior to				
Uten./Equip.		Wash/ Sanitize		X	X	purchase. Correct asap.	t of now equipments phot to			
	14	Equip. Condition		X						
lten.	-	Utensil Condition				14) Observed equipment with broken and missing parts throughout the entire	parts throughout the entire facility.			
ر	\vdash	Storage		X		Repair or replace within 60 days.				
9	-	Handwashing				20) Facility does not have a current Food Manger certificate. Obtain a Food Mar	certificate. Obtain a Food Manager			
Employee	-	Employee Hygiene				certificate within 60 days. Provided food manager's business card.				
Ш	-	Employee Habits		~						
_	\vdash	Food Cert./ Card Water		×		29, 30) Observed damages to floors and walls throughout the facility. Maintain fl wall surfaces to be easily cleanable, nonabsorbent, smooth, and durable in				
Water		Cross Con.				constructions.Replace or repair within 120 days.				
	\vdash	Liquid Waste								
Waste	_	Refuse				29, 30) Observed buildup of dirt, grease, and flour throughout the facility and h				
<u></u>		Rodents/ Insects				reach places. Ensure facility is protected from dirt a	and maintained in a cleanly manner.			
Vermin	-	Animal/ Fowl	1			Correct immediately.				
	27	Ventilation								
"		Doors								
-acilities	29	Floors		X						
Faci	30	Walls - Ceilings		X						
	31	Toilet Fac.								
	32	Janitorial Fac.								
	33	Lighting								
Misc.	34	Clothing - Linen								
	35	Signs								
		Misc.								
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
Received By (Print): Clifford Clouse				ise		Received by (Signature):	Date: 10/13/2023			
REHS (Print): Alexa Roche						REHS (Signature):	Phone: 530-841-2117			
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Facility Name: Natu	Nature's Kitchen						
TI	he marked items represent Health Code v	violations and must be corrected as follow	vs:				
•							
	.						
Received By (Print):	Received by (Sigr	nature):	Date:				
Clifford	Clouse	•	10/13/2023				
REHS (Print):	REHS (Signature	- -	Phone:				

530-841-2117

Alexa Roche

Facility Name:	Nature's Kitchen		
	The marked items repre	esent Health Code violations and must be o	corrected as follows:
Received By (Print): Cliffe	ord Clouse	Received by (Signature):	Date: 10/13/2023
REHS (Print): Alexa R	oche	REHS (Signature):	Phone: 530-841-2117

530-841-2117

Facility Name:	Nature's Kitchen						
	The marked items re	present Health Code violations and must	be corrected as follows:				
Received By (Print):		Received by (Signature):	Date:				
Cliff	ord Clouse		10/13/2023				
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117				

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