## 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: Cedar Lanes Permit # 000180									
Addres	SS:	137 Main St., \		d, C	A, 96	6064			
Permit	Hol	<sup>der:</sup> Khamsy Bo	owle	s		Permit To Operate:    Valid  Not Valid			
Phone	5	530-925-5235				E-mail: Khamsy Bowles@yahoo.com			
Food S	Safet	ty Certified Employ	ee:			Expiration Date:			
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:									
Protection Time/ Temp.	1	Food Temp.	1017 (0	001	000				
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE			
	3	Storage/ Disp.							
	4	Frozen Food				13) Observed sanitizer in sink @ 0 ppm Quat. Maintain a sanitizing solution of 100 ppm			
	5	Pure Food				Chlorine or 200 ppm Quat for sanitizing dishes and wiping surfaces. Store all working			
	6	Reused Food				wiping cloths in sanitizer bucket when not in use.			
Pr	7	Transportation				14) Observed new frazen vegurt machine installed in the facility. Obtain pre enpreyal			
4	8	Storage Fac.				14) Observed new frozen yogurt machine installed in the facility. Obtain pre-approval for all new equipment prior to installing in the facility. Any product made that resembles			
rage	9	Refrig. Units				ice cream requires a state permit from the milk and dairy division of CDPH. Ensure that			
Food Storage	10	Thermometer				you obtain a permit asap and provide cut sheets to this department for the new			
poo <sub>.</sub>	11	Hazardous Mat.				equipment.			
ш	12	Spoils				20) There is no food manager certificate available for inspection. Facility was instructed			
ip.	13	Wash/ Sanitize		X		to obtain a food manager certificate within 60 days of opening. These certificates are			
Uten./Equip.	14	Equip. Condition		X		required to be available for inspection at all times. Obtain a new certificate within 30			
en./	15	Utensil Condition				days to avoid future fees. 2nd Notice.			
Ut	16	Storage							
e	17	Handwashing							
loye	18	Employee Hygiene							
Employee	_	Employee Habits							
	20	Food Cert./ Card		X					
Water		Water							
		Cross Con.							
Waste		Liquid Waste							
		Refuse							
Vermin		Rodents/ Insects							
Ve	26	Animal/ Fowl							
		Ventilation	ш						
es		Doors	ш						
Facilities		Floors							
Fa		Walls - Ceilings							
		Toilet Fac.							
		Janitorial Fac.							
		Lighting							
Misc.		Clothing - Linen	Н						
		Signs							
MA.I -		Misc. or violation C	)UT	Out	of com	npliance COS = Corrected on-site			
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date:  Adam Booth 10/16/2023									
REHS (Print): REHS (Signature): Phone:									
Rick Florendo Rick Florendo 530-841-2114									

Facility Name:	Cedar Lanes		
	The marked items represe	ent Health Code violations and must b	pe corrected as follows:
Received By (Print):		Received by (Signature):	Date:
Ac	lam Booth		10/16/2023
REHS (Print):		REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Cedar Lanes		
		present Health Code violations and must be o	corrected as follows:
	m Booth	Received by (Signature):	Date: 10/16/2023
REHS (Print): Rick Flo		REHS (Signature):	Phone: 530-841-2114

530-841-2114

Facility Name:	Cedar Lanes						
	The marked items re	present Health Code violations and must be	e corrected as follows:				
		· ·					
Received By (Print):		Received by (Signature):	Date:				
Ada	ım Booth	, (- O »).	10/16/2023				
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114				

530-841-2114