

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: Poncho & Lefkowitz 000376											
Address: 401 S. Mount Shasta Blvd., Mount Shasta, CA 96067											
Permit Holder: Permit To Operate:											
		CHarles M	ahar	۱		● Valid O Not Valid					
Phone	Phone: 530-638-6940 E-mail: cmahan580@gmail.com										
Food S	Food Safety Certified Employee: Expiration Date:										
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
Protection Time/ Temp.	1	Food Temp.									
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food				Note: Facility is going through a remodel (ie painting) in their bathroom.					
	5	Pure Food									
	6	Reused Food				47.04) Estility comparties do so at house and a sector of a seture of The head weaking					
P	7	Transportation				17, 31) Facility currently does not have easy access to restroom. The hand-washing station and toilet in the restroom is covered with plastic lining. Hand-washing station					
0	8	Storage Fac.				should be easily accessible, without obstruction, and in good repair. Correct					
orag	9	Refrig. Units				immediately.					
Food Storage	10	Thermometer									
000	11	Hazardous Mat.				20) Facility does not have a current food managers certificate and was provided with a					
ш.	12	Spoils				food manager class business card. Obtain within 60 days.					
Uten./Equip.	13	Wash/ Sanitize				29) Observed damages to floor throughout the facility. Maintain floor to be smooth,					
	14	Equip. Condition				cleanable, nonabsorbent, and durable. Repair within 90 days.					
		Utensil Condition									
		Storage				36) Observed the pass-thru window to not be self-closing nor does it have a mesh screen. Ensure the pass-thru window has a solid or screened window, equipped with a					
e	-	Handwashing		Х		self-closing device. Repair or replace within 90 days.					
Employee		Employee Hygiene									
ШШ		Employee Habits		~ ~ ~							
		Food Cert./ Card		Х							
Water	-	Water									
		Cross Con.									
Waste	-	Liquid Waste Refuse									
		Refuse Rodents/ Insects									
Vermin	_	Animal/ Fowl									
>	20										
	-	Ventilation Doors	H			4					
ities		Floors		X							
Facilities	-	Walls - Ceilings									
		Toilet Fac.		X							
	32	Janitorial Fac.		~~							
		Lighting									
,		Clothing - Linen									
Misc.		Signs									
		Misc.		Х							
MAJ =	Maj	or violation C	)UT =	Out o	of com	npliance COS = Corrected on-site					
Receive	ed By	(Print): Charles	Mał	nan		Received by (Signature): Date: 10/17/2023					
REHS (Print): REHS (Signature): Phone: 530-841-2112											

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Received By (Print):	Received by (Signature):	Date:
Charles Mahan		10/17/2023
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey	,	530-841-2112
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REHS (Print):	Ποινιον	REHS (Signature):		Phone:
Chalyn Page 3	Dewey			530-841-2112
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