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: Bella Art Works & Ice Cream Permit # 000107 | | | | | | | | | | | |
|---|----|-------------------|------|-----|-----|--|--|--|--|--|--|
| Address: 117 W Miner St., Yreka, CA 96097 | | | | | | | | | | | |
| Permit | | der: | | | • | Permit To Operate: | | | | | |
| Dhono | | Talya Nich | OISO | n | | ● Valid | | | | | |
| Phone: 530-842-5411 E-mail: bellaartworks@hotmail.com | | | | | | | | | | | |
| Food Safety Certified Employee: Talya Nicholson Expiration Date: 06/2027 | | | | | | | | | | | |
| | | | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: | | | | | |
| Temp. | 1 | Food Temp. | | | | ROUTINE INSPECTION CONDUCTED THIS DATE | | | | | |
| | 2 | Prep./ Service | | | | ROOTINE INSPECTION CONDUCTED THIS DATE | | | | | |
| ne/ | 3 | Storage/ Disp. | | X | | | | | | | |
| Protection Time/ Temp. | 4 | Frozen Food | | | | 13) Observed facility without test strips to measure sanitizer concentration for Quat. | | | | | |
| | 5 | Pure Food | | | | Proper manual sanitizer measures 100ppm Chlorine, and 200ppm Quat. Obtain and | | | | | |
| | 6 | Reused Food | | | | utilize test strips to ensure that sanitizer concentrations are within compliance. Correct within 90 days. | | | | | |
| | 7 | Transportation | | | | within 90 days. | | | | | |
| Φ | 8 | Storage Fac. | | | | 14) Observed HOUSEHOLD USE ONLY Vitamix food processor stored on prep area. | | | | | |
| orag | 9 | Refrig. Units | | | | All equipment are required to be commercial and ANSI certified. Remove or replace | | | | | |
| Food Storage | 10 | Thermometer | | | | these equipment with an approved unit. Obtain pre-approval from this department prior | | | | | |
| 00. | 11 | Hazardous Mat. | | | | to installation in this facility. | | | | | |
| ш | 12 | Spoils | | | | 14) Observed slime or mold buildup in the ice machine, under the prep sink. Maintain | | | | | |
| ip. | 13 | Wash/ Sanitize | | X | | equipment is serviceable and clean at all manner of time. Remove all ice and | | | | | |
| Uten./Equip. | 14 | Equip. Condition | | X | | discontinue use immediately. Wash, rinse, and sanitize equipment according to | | | | | |
| en./ | 15 | Utensil Condition | | X | | manufacturers instruction. | | | | | |
| ž | 16 | Storage | | | | | | | | | |
| Φ | 17 | Handwashing | | | | Observed ice scoop laying on top of the ice machine, underneath the prep sink. Store scoop in a container to prevent from potential contamination. Wash, rinse, and | | | | | |
| oye | 18 | Employee Hygiene | | | | sanitize scoop, and wash, rinse, and sanitize container daily. Correct immediately. | | | | | |
| Employee | 19 | Employee Habits | | | | daniale dodep, and wash, integ, and daniale dentantor daily. Contoct inimidatatory. | | | | | |
| ш | 20 | Food Cert./ Card | | | | | | | | | |
| Water | 21 | Water | | | | | | | | | |
| | 22 | Cross Con. | | | | | | | | | |
| Waste | 23 | Liquid Waste | | | | | | | | | |
| | 24 | Refuse | | | | | | | | | |
| Vermin | | Rodents/ Insects | | | | | | | | | |
| Ver | 26 | Animal/ Fowl | | | | | | | | | |
| | 27 | Ventilation | | | | | | | | | |
| S | 28 | Doors | | | | | | | | | |
| Facilities | 29 | Floors | | | | | | | | | |
| Fa | 30 | Walls - Ceilings | | | | | | | | | |
| | 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): Received by (Signature): Date: Talya Nicholson 10/18/2023 | | | | | | | | | | | |
| REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112 | | | | | | | | | | | |

| Facility Name: | Bella Art Works & Ice Cream | |
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| Received By (Print): | Received by (Signature): | ate: |
| | lya Nicholson | 10/18/2023 |
| REHS (Print): Chalyn D | REHS (Signature): P | hone: 530-841-2112 |

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| REHS (Print): Chalyn De | REHS (Signature): | Phone: 530-841-2112 |

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| | Nicholson | 10/18/2023 |
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