## 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: Black Bear Diner Permit # 000112										
Addres	ss:	1795 S Main S	tree	t, Yre	eka (	CA 96097				
Permit Holder:  Tyler Carmichael  Permit To Operate:  O Valid  Not Valid										
Phone: 530-842-9324 E-mail: Yreka@blackbeardiner.com										
Food S	afe	ty Certified Employ	ee: e	Sama	antha	Mowatt	Expiration	Date: 03/2024		
			MAJ	nd must be corrected						
Protection Time/ Temp.	1	Food Temp.		X		ROUTINE INSPECTION CONDU	JCTED THIS DAT	 E		
	2	Prep./ Service								
	3	Storage/ Disp.				1)Observed gravy in the warmer at 110 F, portioned meat 5				
	4	Frozen Food				cheese at 52 F, and cut tomatoes 64 F. Hold all cold foods and hold all hot good at 135 F or hotter. Voluntarily discarded				
	5	Pure Food				and floid all flot good at 100 f of flotter. Voluntarily discards	y disoarded.			
	6	Reused Food				1) Observed hot foods 109 F - 120 F in the hot holding table				
		Transportation				temperature but the top portion of the food were out of temperature. Hold all hot food at 13		not food at 135 F or		
Food Storage		Storage Fac.				hotter. Cover with lids when not in use.				
		Refrig. Units	<u>.                                    </u>			10) Observed the facility without internal thermometers in the	erator units.			
		Thermometer		X		Temperature measuring devices should be easily readable				
Foo		Hazardous Mat.		X		refrigeration internal thermometer immediately.				
		Spoils		$\overline{}$	~	10) Observed facility without a temperature measuring devi	ce to measuring to	emperature of cooked		
Uten./Equip.		Wash/ Sanitize		×	×	or held cold and hot food. Ensure temperature measuring device is readily available at Obtain a temperature measuring device asap.				
)./E(		Equip. Condition		$\sim$						
Uter		Utensil Condition Storage		X			ا ما			
		Handwashing		<u> </u>		11) Observed unlabeled chemical cleaning bottles in the additional prep area. Label when they are removed from their original container. Correct ASAP.	. Label all chemical			
Employee		Employee Hygiene		X		mon and are removed from anon-engine container. Contact	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
oldu		Employee Habits		X		13) Observed sanitization buckets throughout the facility contain 0 $\mu$		m sanitizer. Maintain		
Б		Food Cert./ Card		, ,		sanitizer at 100 ppm Chlorine or 200 ppm Quat. Corrected on-site.				
ter	21	Water				13) Observed the dishwasher at 0 ppm for sanitizer. Maintain sanitizer a	in sanitizer at 50 r	50 ppm Chlorine, Utilize		
Water	22	Cross Con.				test strip to ensure that proper concentrations are within compliance. Corrected during				
Waste	23	Liquid Waste				14) Observed a bucket used to collect liquid discharging from the pipe undernear mechanical ware-washer. Maintain equipment in good repair. Repair within 90 day	0.0			
	24	Refuse								
/ermin	25	Rodents/ Insects				moonamoai waro-washor. Maintain equipment in good repair. Nepair within 30 days.		o days.		
Vel	26	Animal/ Fowl				16) Observed excessive grease, dirt, and dust buildup in clean utensil shelving un	ı unit. Deep Clean			
	27	Ventilation	Ш			utensil, cook wares, and shelving immediately.				
es		Doors	Ш			19) Observed employee radios and phones in the food prep	en employee items in a			
Facilities		Floors		X		designated location in order to prevent contamination with the food contact surfaces. Correct immediately.				
Fa		Walls - Ceilings		X						
		Toilet Fac.								
		Janitorial Fac.	Н							
Misc.		Lighting Clothing - Linen								
		Signs Misc.		X						
MAJ =			UT =		of com	pliance COS = Corrected on-site				
Received By (Print): Received by (Signature): Date:  Samantha Mowatt 10/18/2023										
REHS (Print): REHS (Signature): Phone: 530-841-2117										

Facility Name:	Black Bear Diner	
	The marked items represent Health Code violations and must	be corrected as follows:
	•	
Received By (Print): Sa	Received by (Signature): mantha Mowatt	Date: 10/18/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name: Black Bear Diner		
The marked items r	epresent Health Code violations and must be co	orrected as follows:
19) Observed employee drinks without I contamination with the food contact surf	ids above the food prep line area. Use a closed faces. Correct immediately.	beverage container to prevent
29) Observed buildup of dirt, grease, for immediately.	od, broken tiles, and missing base boards throu	ghout the entire facility. Deep clean flooring
30) Observed on the walls food, dirt, flor immediately.	ur, debris buildup in hard to reach areas through	nout the entire facility. Deep clean walls
eceived By (Print):	Received by (Signature):	Date:
Samantha Mowatt  EHS (Print):	REHS (Signature):	10/18/2023 Phone:
Alexa Roche	NETTO (Oignature).	530-841-2117

Facility Name:	Black Bear Diner		
	The marked items re	present Health Code violations and must be co	prrected as follows:
		<b>.</b>	
Descripted Dry (Date)		Received by (Signature):	Deter
	nantha Mowatt		Date: 10/18/2023
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117