## 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	/ Na	<sup>me:</sup> Yaks on th	ne Five	9	Permit # 000488				
Addre	SS:	4917 Dunsmu	ir Ave	, Duns	muir, CA				
Permit Holder:  Mike Hearns  Permit To Operate:  O Valid O Not Valid									
Phone	Phone: 530-678-3517 E-mail: yaksbills@gmail.com								
Food Safety Certified Employee: Expiration Date:									
			MA.I C	UT COS	The marked items represent Health Code violations and must be corrected as follows:				
Ġ.	1	Food Temp.	1711/10	01 000	·				
emp	2	Prep./ Service			ROUTINE INSPECTION CONDUCTED THIS DATE				
e/ T	3	Storage/ Disp.		×					
Protection Time	4	Frozen Food			3) Observed bagged coffee, canned tomato paste, pickled and cilantro in container,				
	5	Pure Food			stored on the floor in coffee storage area, alternative storage area, and walk-in				
	6	Reused Food			refrigerator, respectively. Store all food 6" off the ground. Correct immediately.				
	7	Transportation			44) Observed verieurs bettles that are not lebeled stand on the man table and in the				
rage	8	Storage Fac.			11) Observed various bottles that are not labeled stored on the prep table and in the ware-washing area. Ensure all working bottles are labeled to prevent misuse of				
	9	Refrig. Units			chemical. Correct immediately.				
Stol	10	Thermometer							
Food 8	11	Hazardous Mat.		X	13) Observed a buildup of slime or pink mold in the ice machine. Discard ice and				
	12	Spoils			discontinue use of machine until unit has been washed, rinse, and sanitized, according				
ten./Equip.	13	Wash/ Sanitize		X	to manufacturers instruction. Correct immediately.				
	14	Equip. Condition		X	14) Observed a high power convection range on the prep table of the food facility.				
en./	15	Utensil Condition		X	Ensure all new or replaced equipment are approved by the agency, and are ANSI				
Ţ	16	Storage			certified or NSF listed. Installation of this unit is required to be used underneath an				
<b>4</b> )	17	Handwashing			exhaust hood. Discontinue use of this equipment immediately. If replaced, provide this				
oye	18	Employee Hygiene			agency with a manufacturer's cut sheets for pre-approval prior to purchasing.				
Idu	19	Employee Habits			20) Facility does have a food manager certificate accessible during time inspection.				
ũ	20	Food Cert./ Card		X	Ensure food manager cert is present at facility during next inspection.				
	21	Water							
×	22	Cross Con.			14, 29, 30) Observed buildup of dirt, dust, and grease on shelving units, walls, floors, and hard to reach places. Maintain food facility is serviceable and clean at all times.				
aste	23	Liquid Waste			Correct immediately.				
Waste	24	Refuse			Correct miniculatory.				
Pacific Services   Protection Time/ Temp.   Protection Time/		Rodents/ Insects			29, 30) Observed damages to flooring throughout the facility. Observed damages to FRP				
Vermin Waste Water	26	Animal/ Fowl			on the walls behind the prep sink and meat slicer prep table. Ensure floors and walls are				
	27	Ventilation	Ш		smooth, easily cleanable, durable, and nonabsorbent. Repair within 90 days.				
es	28	Doors	ш						
ciliti	-	Floors		×					
Fa	30	Walls - Ceilings	Ш	×					
	31	Toilet Fac.							
	32	Janitorial Fac.							
		Lighting	ш						
Misc.	34	Clothing - Linen							
	35	Signs	$\vdash$						
NAA I		Misc.		us of	malianae COS – Corrected on eite				
			JU1 = C	ul of co	mpliance COS = Corrected on-site  Received by (Signature): Date:				
Sarah Kerns 10/24/2023									
REHS (Print): REHS (Signature): Phone: 530-841-2112									

Facility Name:	Yaks on the Five							
	The marked items represent Health Code violations and must be corrected as follows:							
Received By (Print): Sa	Received by (Signature): Date arah Kerns	e: 10/24/2023						
REHS (Print): Chalyn D	REHS (Signature): Photoewey 53	ne: 30-841-2112						

Facility Name: Yaks on the	ne Five	
The mark	ked items represent Health Code violations and must be cor	rected as follows:
	· ·	
Received By (Print): Sarah Kerns	Received by (Signature):	Date: 10/24/2023
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

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