## **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: Theory Coffee Permit #								
Addres	SS:			vd., M	ount Shasta, CA, 96067			
Permit Holder:  Theory Collaborative, LLC  Permit To Operate:  O Valid  Not Valid								
Phone	: 7	703-943-8220			E-mail: hello@theorycoff	ee.com		
Food S	Food Safety Certified Employee: Nicholas Clark  Expiration Date: 02/2027							
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:								
Protection Time/ Temp.	1	Food Temp.	IVIAU O	71 003	PRE-OPENING INSPECTION			
	2	Prep./ Service			PRE-OPENING INSPECTION	N CONDUCTED THIS DATE		
le/ T	3	Storage/ Disp.						
Ë	4	Frozen Food			This facility is conditionally approved to open when the fo	pen when the following is completed:		
tion	5	Pure Food			A) Elitabata alta a di a fa all'i			
otec	6	Reused Food			1) Finish cleaning the facility.			
Ā	7	Transportation			<ul><li>2) Install self-closing devices and sweepers on the doors for the restrooms.</li><li>3) Install indirect drain for keg cooler.</li></ul>			
4)	8	Storage Fac.			4) Remove countertop griddle. This equipment is not permitted to be operated	oment is not permitted to be operated without a		
rage	9	Refrig. Units			Type 1 hood. This facility is currently constructed with a Type 2 hood.			
Sto	10	Thermometer			5) Remove shipping tape off of equipment			
Food Storage	11	Hazardous Mat.			6) Install paper towel dispenser at the han	idwasning station. hat was changed out without pre-approval. If		
ш	12	Spoils			this equipment is not approvable, facility w			
.d	13	Wash/ Sanitize			8) Obtain any licenses and permits from all required agencies that have jurisdictionally with the required agencies agen			
Ēģū	14	Equip. Condition			oversight of this facility.			
Uten./Equip.	15	Utensil Condition						
Ď	16	Storage			Note: This facility made changes to the co	onstruction plans after the initial plan check		
ē	17	Handwashing			was approved. These changes resulted in a couple arrangements that do not n			
loye	18	Employee Hygiene			minimum requirements as outlined by the	ned by the California Retail Food Code. No plans were		
Employee	-	Employee Habits			resubmitted to this office for review. The f	ollowing was observed:		
	_	Food Cert./ Card			The Head Ventilation system is a Type 2 k	nood. This doesn't allow the cooking of any		
Water		Water				team, grease, heat, and vapors. Do not install		
		Cross Con.			any cooking equipment under this hood w			
Waste	-	Liquid Waste						
⋛		Refuse				ame dimensions as proposed in the oringinal		
Vermin	-	Rodents/ Insects			plans. California code requires that the sill with a drainboard that measures 18" x 18"	nk have minimally a basin of 18." x 18" x 12"		
Λe		Animal/ Fowl			approved. In the event an inspector identi	ifies any problems with this sink, the facility		
		Ventilation	Н		will be ordered to replace it with one that r	ets the minimum specifications.		
es	_	Doors	Н		•	·		
-acilities	_	Floors						
ъ		Walls - Ceilings	ш					
		Toilet Fac.						
		Janitorial Fac.						
Misc.		Lighting		-				
	_	Clothing - Linen						
Σ		Signs						
MA.I –		Misc. or violation (	OUT = O	It of cor	npliance COS = Corrected on-site			
		/ (Print):			Received by (Signature):	Date:		
		Sam La	Robar	diere		10/30/2023		
REHS (	Print	Rick Florence	do		REHS (Signature):	Phone: 530-841-2114		

Facility Name: The	ory Coffee	
TI	he marked items represent Health Code violations	and must be corrected as follows:
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Received By (Print):	Received by (Signature):	Date:
Sam La	aRobardiere	10/30/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Sam LaRobardiere 10/30/2023	Facility Name: Theory Coffee		
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530-841-2114

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	LaRobardiere		Date: 10/30/2023
REHS (Print): Rick Flor	REHS ( endo	Signature):	Phone: 530-841-2114

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