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: Strings Italian Cafe Permit # 000442													
Address: 322 W Miner Street Yreka CA 96097													
Permit Holder: Permit To Operate:													
D	Dennis Faust O Not Valid												
Phone: 530-842-7704 E-mail:													
Food	Food Safety Certified Employee: Dennis Faust Expiration Date: 04/2028												
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:							
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE							
	2	Prep./ Service											
	3	Storage/ Disp.				28) Observed service door to the kitchen with rough edges and bare wood. As according to the							
	4	Frozen Food				California Retail Food Code, requirements pertaining the kitchen swinging door shall be smooth, durable, nonabsorbent, and cleanable. Repair or replace as soon as possible.							
	5	Pure Food				durable, nonabsorbent, and cleanable. Repair of replace as soon as possible.							
	6	Reused Food											
	7	Transportation											
D)	8	Storage Fac.											
rag	9	Refrig. Units											
Food Storage	10	Thermometer											
poo	11	Hazardous Mat.											
ш	12	Spoils											
ip.	13	Wash/ Sanitize											
Uten./Equip.	14	Equip. Condition											
en./	15	Utensil Condition											
Ę	16	Storage											
d)	17	Handwashing											
loye	18	Employee Hygiene											
Employee	19	Employee Habits											
	20	Food Cert./ Card											
Water	-	Water											
	22	Cross Con.											
Waste	23	Liquid Waste				4							
	24	Refuse											
Vermin		Rodents/ Insects											
Vei	26	Animal/ Fowl											
	27	Ventilation											
ŝ	28	Doors		Х									
Facilities	-	Floors											
Fa	_	Walls - Ceilings											
	-	Toilet Fac.											
		Lighting											
Misc.	-	Clothing - Linen	Щ										
Ξ	-	Signs											
L		Misc.		01	4								
			- 101	Out C	n con	Impliance COS = Corrected on-site Received by (Signature): Date:							
Received By (Print): Received by (Signature): Date: Lisa Faust 11/7/2023													
REHS (Print): REHS (Signature): Phone: 530-841-2117													
L	, iiota (toolio 000-041-2117												

Facility Name:	Strings Italian Cafe			
	The marked items repres	sent Health Code violations and m	ust be corrected as follows:	
Received By (Print):		Received by (Signature):	Da	te:
Lis	sa Faust			11/7/2023
REHS (Print):		REHS (Signature):	Ph	one:
Alexa Ro	oche	- (- 0		530-841-2117
Page 2				

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	The marked items represent Health Code violations	and must be corrected as follows:
	ζ.	
Received By (Print):	Received by (Signature):	Date:
	Faust	11/7/2023
REHS (Print):	REHS (Signature):	Phone:
Alexa R Page 3		530-841-2117

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	ζ.	
Received By (Print):	Received by (Signature):	Date:
	a Faust	11/7/2023
REHS (Print): Alexa Ro	REHS (Signature):	Phone:
		530-841-2117