

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	Nar	me: First and L	_ast	Cha	nce	Saloon	Permit # 000233					
Addres	s:	14734 Hornbro	ook l	₹d.,	Horr	nbrook, CA 96044						
Permit Holder: Betty Miller Permit To Operate: Not Valid												
Phone:	Phone: 530-475-3338 E-mail: boopandron@aol.com											
Food Safety Certified Employee: NA Expiration Date												
			MAJ	OUT	cos	The marked items represent Health Code violations	and must be corrected as follows:					
·	1	Food Temp.				·						
emb	2	Prep./ Service				ROUTINE INSPECTION CONDUCTE	D THIS DATE					
Time/ T	3	Storage/ Disp.										
	4	Frozen Food				13) Observed 0ppm sanitizer in the sanitizer spray bottle. Effective concentration						
tion	5	Pure Food										
	6	Reused Food										
	7	Transportation				chlorine sanitizer is 100ppm. Corrected during inspection.						
	8	Storage Fac.										
rage	9	Refrig. Units										
Sto	10	Thermometer										
poo	11	Hazardous Mat.										
ш	12	Spoils										
ġ.	13	Wash/ Sanitize		X	X							
Equ	14	Equip. Condition										
ten./	15	Utensil Condition										
Ď	16	Storage										
Ф	17	Handwashing										
loye	18	Employee Hygiene										
dw		Employee Habits				_						
	-	Food Cert./ Card										
ater	_	Water										
		Cross Con.										
aste	_	Liquid Waste										
Protection Time/ Temp. Food Storage Protection Time/ Temp.	-	Refuse										
rmir.	_	Rodents/ Insects										
	-	Animal/ Fowl										
ŀ		Ventilation										
ies		Doors	Н									
acilit	_	Floors	\vdash									
_		Walls - Ceilings	Н									
ŀ	_	Toilet Fac.										
ŀ	-	Janitorial Fac.										
		Lighting Lines										
Misc		Clothing - Linen										
		Signs	Н									
36 Misc.												
Received By (Print): Betty Miller Received by (Signature): Date:					Date: 11/17/2023							
REHS (Print): Rick Florendo						REHS (Signature):	Phone: 530-841-2112					

Page 1 Last modified 4/12/2023

Facility Name:	First and Last Chance Saloon			
	The marked items represent Health Code violations and must be corrected a	as follows:		
Received By (Print):	Received by (Signature): etty Miller	Date: 11/17/2023		
REHS (Print):	REHS (Signature):	Phone:		

530-841-2112

Rick Florendo

Facility Name:	First and Last Chance Saloon	
	The marked items represent Health Code violations and must be corrected as	follows:
	· ·	
Received By (Print): Bett	Received by (Signature): ty Miller	Date: 11/17/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2112

Rick Florendo

Facility Name:			
	The marked items represent Health	n Code violations and must be corrected as follo	ws:
Pagainad Du /Drint	Danisa	d by (Signature):	Data
	ty Miller		Date: 11/17/2023
REHS (Print): Rick Flo	REHS (: rendo	Signature):	Phone: 530-841-2112