CALIFORNIA

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: C & C Candies				000738						
Address: 316 W Miner Street, Yreka CA 96097										
Permi	Permit Holder: Permit To Operate:					Operate:				
Christine Daugherty Valid										
Phone): {	530-722-5706				E-mail:				
Food	Safe	ty Certified Employ	^{/ee:} (Chris	tine	Daughtery	Expiration	Date: 03/2025		
					COS	The marked items represent Health Code violations and m	ust be correcter			
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED				
		Prep / Service								
	-	Storage/ Disp.				29) Observed cracks and loose tiles in the food preparation and service area. Floors in the food preparation area should be smooth, durable, nonabsorbent, and cleanable. Replace or repair within the next 90 days.				
		Frozen Food								
	5	Pure Food								
	6	Reused Food								
	7	Transportation								
0	8	Storage Fac.								
Food Storage	9	Refrig. Units								
Stol	10	Thermometer	1	_						
poo	11	Hazardous Mat.								
цĔ	12	Spoils								
d	13	Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
en./I	15	Utensil Condition								
Ť	16	Storage								
۵.	17	Handwashing								
oyee	18	Employee Hygiene								
Employee	19	Employee Habits								
ш	20	Food Cert./ Card								
ter	21	Water								
Water	22	Cross Con.								
Waste	23	Liquid Waste								
	24	Refuse								
'ermin	25	Rodents/ Insects								
Ver	26	Animal/ Fowl								
	27	Ventilation								
sč	28	Doors								
Facilities	29	Floors		X						
Fac	30	Walls - Ceilings								
	31	Toilet Fac.								
	32	Janitorial Fac.								
	33	Lighting								
ڹ	34	Clothing - Linen								
Misc.	35	Signs								
		Misc.								
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:										
Receiv	ed By	y (Print): Christin	ie Da	ugh	tery	Received by (Signature):	Date: 11	/20/2023		
REHS (Print): REHS (Signature): Phone: Alexa Roche 530-841-2				30-841-2117						
L										

Facility Name:	C & C Candies
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The marked items represent Health Code violations and must be corrected as follows:

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Received By (Print):	Received by (Signature):	Date:	
Christine Daughtery		11/20/2023	
REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117	

Facility Name:	C & C Candies
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Christine Daughtery		11/20/2023	
REHS (Print):	REHS (Signature):	Phone:	
Alexa Roche		530-841-2117	
Page 3			

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Page 4		