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

| Facilit | y Na | me: Butcher's | Bloc | k | | Permit # 000317 | | | | | |
|---|--|-------------------------|-----------|-----|--------|--|--|--|--|--|--|
| Addre | Address: 231 S. Main St., McCloud, CA, 96057 | | | | | | | | | | |
| Permi | Permit Holder: Permit To Operate: | | | | | | | | | | |
| | Butcher's Block LLC. Misty Hays | | | | | | | | | | |
| Phone | Phone: 530-853-4145 E-mail: annavait@icloud.com | | | | | | | | | | |
| Food | Food Safety Certified Employee: Misty Hays Expiration Date: | | | | | | | | | | |
| MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows: | | | | | | | | | | | |
| ċ | 1 | Food Temp. | 11 | 001 | 000 | | | | | | |
| emp | | Prep./ Service | | X | Х | ROUTINE INSPECTION CONDUCTED THIS DATE | | | | | |
| le/ T | 3 | Storage/ Disp. | | | | 2) Observed cooked food cooling in a 4" deep preparation pan sitting on the preparation | | | | | |
| Tim | 4 | Frozen Food | | | | table. Cool all hot foods in a shallow preparation pan that is no deeper than 2" and | | | | | |
| Protection Time/ Temp. | 5 | Pure Food | | | | made of a material that facilitates rapid cooling. Alternatively, other cooling devices (ice | | | | | |
| | 6 | Reused Food | | | | wands, ice baths, etc.) may be used to facilitate the rapid cooling. Food returned to the | | | | | |
| Ā | 7 | Transportation | | | | refrigeration unit during inspection. | | | | | |
| 0 | 8 | Storage Fac. | | | | 2) Observed frozen food thawing on preparation counter. Thaw all food in one of the | | | | | |
| Food Storage | 9 | Refrig. Units | | | | approved thawing methods: in the refrigerator, under cold running water in the | | | | | |
| | 10 | Thermometer | | - | | preparation sink, during the cooking process, or in the microwave and cooked | | | | | |
| poo | 11 | Hazardous Mat. | | | | immediately after. Food returned to refrigeration unit during inspection. | | | | | |
| щ | 12 | Spoils | | | | 17) Observed as even as single use nemericanals sucilable at one band weaking sink | | | | | |
| Uten./Equip. | 13 | Wash/ Sanitize | | | | 17) Observed no soap or single-use paper towels available at one hand washing and the 2nd hand washing sink was temporarily blocked by food that was currently | | | | | |
| | 14 | Equip. Condition | | | | preparation. Ensure all hand washing sinks are utilized only for hand washing, rem | | | | | |
| en./ | 15 | Utensil Condition | | | | unblocked and easily assessable. Ensure that they are always stocked with pump soap | | | | | |
| Ute | 16 | Storage | | | | and single-use paper towels in a dispenser. | | | | | |
| Φ | 17 | Handwashing | | Х | | 20) Food monoger certification was not evailable for inspection. Misty stated that she | | | | | |
| oye | 18 | Employee Hygiene | | | | 20) Food manager certification was not available for inspection. Misty stated that she will email it to this office asap. Ensure a copy of the food manager certification is | | | | | |
| Employee | 19 | Employee Habits | | | | available for inspection at all time. | | | | | |
| ш | 20 | Food Cert./ Card | | Х | | · | | | | | |
| Water | _ | Water | | | | | | | | | |
| | - | Cross Con. | | | | | | | | | |
| Waste | _ | Liquid Waste | | | | | | | | | |
| | 24 | Refuse | | | | | | | | | |
| /ermin | - | Rodents/ Insects | | | | 4 | | | | | |
| Ve | 26 | Animal/ Fowl | | | | | | | | | |
| | | Ventilation | | | | 4 | | | | | |
| es | 28 | Doors | | | | | | | | | |
| Facilities | | Floors | | | | | | | | | |
| ц | - | Walls - Ceilings | | | | | | | | | |
| | 31 | Toilet Fac. | | | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | | | |
| | 33 | | \square | | | | | | | | |
| Misc. | | Clothing - Linen | | | | | | | | | |
| Ϊ | - | Signs | | | | | | | | | |
| MA I - | | Misc. or violation C | | | of com | pliance COS = Corrected on-site | | | | | |
| | | y (Print): | | | 001 | Received by (Signature): Date: | | | | | |
| | | Adam C | Ornel | las | | 12/04/2023 | | | | | |
| REHS | REHS (Print): REHS (Signature): Phone: Rick Florendo 530-841-2114 | | | | | | | | | | |
| | | | | | | 550-041-2114 | | | | | |

| Facility Name: | Butcher's Block | | | |
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| | | Dessived by (Classifiers). | | Data |
| Received By (Print): | dam Ornellas | Received by (Signature): | | Date: 12/04/2023 |
| REHS (Print): | | REHS (Signature): | | Phone: |
| Rick Flor | rendo | | | 530-841-2114 |
| Page 2 | | | | |

| Facility Name: Butcher's Block | | | | | | | | |
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| Received By (Print): | Received by (Signature): | Date: | | | | | | |
| Adam Ornellas | | 12/04/2023 | | | | | | |
| REHS (Print): | REHS (Signature): | Phone: | | | | | | |
| Rick Florendo | | 530-841-2114 | | | | | | |
| Page 3 | | | | | | | | |

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| Ada | am Ornellas | | 12/04/2 | 023 |
| REHS (Print): | | REHS (Signature): | Phone: | |
| Rick Flo | rendo | (- 3 | 530-841 | -2114 |
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