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			
	The marked items	s represent Health Code violation	s and must be corrected as follow	vs:
		1		
		L.		
		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								
The marked ite	ms represent Health Code violations and must be co	prrected as follows:						
	ζ.							
Received By (Print):	Received by (Signature):	Date:						
Adam Ornellas		12/04/2023						
REHS (Print):	REHS (Signature):	Phone:						
Rick Florendo		530-841-2114						
Page 3								

Facility Name:	Butcher's Block			
	The marked items	represent Health Code violations and m	nust be corrected as follows:	
Received By (Print):		Received by (Signature):	Date:	
Ada	am Ornellas		12/04/2	023
REHS (Print):		REHS (Signature):	Phone:	
Rick Flo	rendo	(- 3	530-841	-2114
Page /				