

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	/ Na	me: Salmon R	iver	Salo	on	Perm	Permit # 000400				
Addres	ss:	3001 Cecilville	Rd.	, Ce	cilvil	le, CA					
Permit Holder: Michael O'Hare, Allegra Brucker Permit To Operate: O Valid Not Valid											
Phone	: 5	530-462-4685				E-mail: salmonriversaloon@gmail.com					
Food S	Food Safety Certified Employee: Expiration Date:										
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corr	ected as follows:				
Protection Time/ Temp.	1	Food Temp.				·					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DAT	E				
	3	Storage/ Disp.									
	4	Frozen Food				20) No food manager certification was available for inspection.	Keep a copy of the				
tion	5	Pure Food				food manager certification at the facility for inspection at all times. If not current, obt new one within 60 days.					
Protect	6	Reused Food									
	7	Transportation									
ø.	8	Storage Fac.									
orag	9	Refrig. Units									
Food Storage	10	Thermometer									
<u>۔</u> 000	11	Hazardous Mat.									
-	12	Spoils									
i.	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
ten./	15	Utensil Condition									
ın	16	Storage									
ē	17	Handwashing									
loye	18	Employee Hygiene									
Employee	19	Employee Habits									
	20	Food Cert./ Card		X							
Water	_	Water									
	22	Cross Con.									
Waste	23	Liquid Waste									
W	24	Refuse									
Vermin	_	Rodents/ Insects									
Ve	26	Animal/ Fowl									
	27	Ventilation									
es	28	Doors									
Facilities	_	Floors									
Fa	30	Walls - Ceilings									
	-	Toilet Fac.									
		Janitorial Fac.									
		Lighting									
Misc.		Clothing - Linen	Ш	<u> </u>							
		Signs									
N40 '		Misc.		<u> </u>		COC Corrected on aits					
)UI =	Out	or con	npliance COS = Corrected on-site Received by (Signature): Date:					
	Received By (Print): Received by (Signature): Date: Michael O'Hare 12/12/2023										
REHS (Print): REHS (Signature): Phone: 530-841-2114											

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Facility Name: Salmon River Saloo	on	
The marked items	represent Health Code violations and must be co	prrected as follows:
Received By (Print):	Received by (Signature):	Date:
Michael O'Hare		12/12/2023
RFHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name: Salmon River Sal	oon	
The marked item	s represent Health Code violations and must be co	prected as follows:
Received By (Print):	Received by (Signature):	Date:
Michael O'Hare		12/12/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Salmon River Saloon	
	The marked items represent Health Code violations and must be corre	cted as follows:
Received By (Print): Mic	Received by (Signature): chael O'Hare	Date: 12/12/2023
REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114

530-841-2114