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: Black Bea	r Dir	ner		Permit # 000111						
Addres	ss:	401 W. Lake S	St., N	1oun	t Sha	asta, CA, 96067						
Permit	Permit Holder: Bear Tracks Inc. Permit To Operate: One of the properties of the pro											
Phone	Phone: 530-926-4669 E-mail: mt.shasta@blackbeardiner.com											
Food Safety Certified Employee: Sherri Degraffenreid Expiration Date: 03/2027												
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:												
Protection Time/ Temp.	1	Food Temp.	1717 10	X	X	·						
	2	Prep./ Service		X		ROUTINE INSPECTION CONDUCTED THIS DATE.						
	3	Storage/ Disp.		X		1) 2ND NOTICE. Observed numerous foods held on the prep line between 41-55						
	4	Frozen Food				degrees F. Hold all cold food @ 41 degrees F or colder. Out of temp food voluntarily						
	5	Pure Food				discarded during inspection.						
	6	Reused Food										
Pr	7	Transportation				 Observed missing time stamps on food that facility uses time as a control to manage food safety. Ensure that all staff practices proper time stamp labeling and usage. 						
4)	8	Storage Fac.				Correct asap.						
Food Storage	9	Refrig. Units										
Stc	10	Thermometer				3) Observed food stored on the ground in standing water. Although this food was in						
000	11	Hazardous Mat.				secondary containment, all food must be stored at least 6" off the ground. Corrected						
4	12	Spoils				during inspection.						
ıip.	13	Wash/ Sanitize		X		23,29) Observed waste water of unknown origin flooding the food storage area (as noted						
Uten./Equip.	14	Equip. Condition		X		in previous violation). Facility may not operate with waste water flooding the kitchen.						
ten./	15	Utensil Condition				The current leak is isolated in the food area, but the amount of water is substantial and						
Ú	16	Storage				will have a direct affect on the operation of the kitchen. This must be repaired						
ө	17	Handwashing				immediately to avoid facility closure. The food stored on racks in this area have been moved to an approved location temporarily.						
loye	18	Employee Hygiene				moved to an approved location temporarily.						
Employee		Employee Habits				30) Observed the walls in the food storage noted above are damaged from this active						
	20	Food Cert./ Card				water leak and are no longer in compliance with proper food storage finishes. Repair						
Water		Water				these walls, dry completely to avoid mold growth, and discontinue use of this area until						
		Cross Con.				re-inspected by this department. Do not perform any construction/demolition/remodel concurrently with food preparation, unless otherwise approved by this department.						
Waste		Liquid Waste		X		concurrently with look preparation, unless otherwise approved by this department.						
		Refuse				13,14) Observed dishwasher not dispensing sanitizer. Discontinue use until repaired.						
Vermin		Rodents/ Insects				Wash, rinse, and sanitize all wares manually, utilizing 200 ppm Quat or 100 ppm Cl.						
Ve		Animal/ Fowl				Repair dishwasher asap.						
		Ventilation				13) Observed facility utilizing a sanitizer that is not one of the 4 listed in the California						
es		Doors				Retail Food Code. Discontinue use, and return to utilizing Quat, so that our department						
-acilities		Floors	Ш	X		may continue to properly test sanitizer solutions.						
Fa		Walls - Ceilings		X								
		Toilet Fac.				29) Observed excessive buildup of dirt, food, greese throughout the facility. This is a						
		Janitorial Fac.	ш			repeat violation that is noted in almost every inspection. Maintain floors in a clean manner at all times to avoid reinspection fees. Clean asap.						
		Lighting	Ш			mariner at all times to avoid remspection rees. Clean asap.						
Misc.		Clothing - Linen										
		Signs	Ш									
ΜΔΙ		Misc. or violation C	JIIT -	Out /	of com	pliance COS = Corrected on-site						
		/ (Print):				Received by (Signature): Date:						
	Sherri Degraffenreid 12/12/2023											
REHS (Print	Rick Florence	lo			REHS (Signature): Phone: 530-841-2114						

Facility Name: Black Bear Diner

The marked items represent Health Code violations and must be corrected as follows:

- 29) Observed broken tiles and missing baseboard throughout the facility. Maintain floors in a smooth, durable, non-absorbent and easily cleanable condition. Repair within 90 days.
- 30) Observed damage to walls throughout the kitchen. Maintain walls in a smooth, durable, non-absorbent, and easily cleanable condition. The damage has resulted in water damage and possible mold growth. Repair within 90 days.
- 13) Observed sanitizer in sani-buckets at <50 ppm Cl. Maintain sanitizer at 100 ppm Cl at all times. Ensure that all working clothes utilized to wipe counters are stored in these buckets when not in use. Correct asap.
- 2) Observed drinking glass utilized as a scoop for bulk flour. Ensure all scoops have handles and are stored in a manner where the handle doesn't touch the food product. Correct asap.
- 14) Observed broken seal on refrigeration units. Facility is utilizing tape to hold the seal onto the equipment. Maintain equipment in good repair and serviceable manner. Repair within 90 days.
- 14) Observed excessive dust/dirt numerous pieces of equipment, including storage shelves, throughout the facility. Maintain all equipment in a serviceable and cleanly manner. Clean asap.
- 14) 2ND NOTICE. Observed preparation table, at the end of the ware-washing area, is damaged and rusted. The facility has been instructed to replace this table in previous inspections. Repair or replace within 90 days.
- 14) The racks located above the warewashing area utilized for ware storage is rusted as a result of the protective plastic coating chipping and breaking off. These racks are no longer serviceable. Replace within 90 days.

Received By (Print):
Sherri Degraffenreid
REHS (Print):
Rick Florendo
Received by (Signature):
Date:
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