



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: Misty's Wet Yer Whistle | Permit # 000333 |
| Address: 401 S Main Street Yreka CA 96097 | |
| Permit Holder: Misty Thibaudeau | Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid |
| Phone: 530-842-0221 | E-mail: mistealynn@aol.com |
| Food Safety Certified Employee: Misty Thibaudeau | Expiration Date: 06/2024 |

| | | MAJ | OUT | COS | |
|------------------------|----|-------------------|-----|-----|--|
| | | | | | The marked items represent Health Code violations and must be corrected as follows: |
| Protection Time/ Temp. | 1 | Food Temp. | | | <p style="text-align: center; margin: 0;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>14) Observed food debris accumulation in the refrigerator units throughout the entire facility. Clean and sanitize as soon as possible.</p> <p>16) Observed house hold only use bread maker and food processor. Cooking or prep equipment need to be NSF/ANSI approved. Remove all unapproved cooking equipment.</p> <p>30) Observed ceiling tiles missing in the retail coffee area of the facility. The tiles are in the process of being replaced. Openings in the ceiling can provide opportunity for vermin and dust to contaminate food items. Replace or repair within the next 30 days.</p> |
| | 2 | Prep./ Service | | | |
| | 3 | Storage/ Disp. | | | |
| | 4 | Frozen Food | | | |
| | 5 | Pure Food | | | |
| | 6 | Reused Food | | | |
| | 7 | Transportation | | | |
| Food Storage | 8 | Storage Fac. | | | |
| | 9 | Refrig. Units | | | |
| | 10 | Thermometer | | | |
| | 11 | Hazardous Mat. | | | |
| | 12 | Spoils | | | |
| Uten./Equip. | 13 | Wash/ Sanitize | | | |
| | 14 | Equip. Condition | | X | |
| | 15 | Utensil Condition | | | |
| | 16 | Storage | | X | |
| Employee | 17 | Handwashing | | | |
| | 18 | Employee Hygiene | | | |
| | 19 | Employee Habits | | | |
| | 20 | Food Cert./ Card | | | |
| Water | 21 | Water | | | |
| | 22 | Cross Con. | | | |
| Waste | 23 | Liquid Waste | | | |
| | 24 | Refuse | | | |
| Vermin | 25 | Rodents/ Insects | | | |
| | 26 | Animal/ Fowl | | | |
| Facilities | 27 | Ventilation | | | |
| | 28 | Doors | | | |
| | 29 | Floors | | | |
| | 30 | Walls - Ceilings | | X | |
| | 31 | Toilet Fac. | | | |
| | 32 | Janitorial Fac. | | | |
| | 33 | Lighting | | | |
| Misc. | 34 | Clothing - Linen | | | |
| | 35 | Signs | | | |
| | 36 | Misc. | | | |

| |
|--|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site |
| Received By (Print): Misty Thibaudeau Received by (Signature): _____ Date: 12/13/2023 |
| REHS (Print): Alexa Roche REHS (Signature): _____ Phone: 530-841-2117 |

Facility Name: Misty's Wet Yer Whistle

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

[Empty area for listing health code violations and correction details]

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| REHS (Print): Alexa Roche | REHS (Signature): | Phone: 530-841-2117 |
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