



### 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: <b>Lulu's Main Street Cafe</b>           | Permit # <b>001029</b>   |
| Address: <b>223 Main St Tulelake CA</b>                 |  |
| Permit Holder: <b>Jeanette Brunner</b>                  | Permit To Operate:<br><input checked="" type="radio"/> Valid <input type="radio"/> Not Valid |
| Phone: <b>530-251-7325</b>                              | E-mail: <b>lulustulelake@gmail.com</b>   |
| Food Safety Certified Employee: <b>Jeanette Brunner</b> | Expiration Date: <b>12/2027</b>  |

|                        |    | 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-bottom: 10px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>3) Observed facility vacuum sealing to cure potentially hazardous foods without an approved HACCP Plan. Facility must discontinue curing meats and submit an application for a HACCP plan to the California Department of Public Health within the next 30 days. Facility must provide Siskiyou County Environmental Health proof of this submittal within 30 days from the date of this report or immediately discontinue the process of curing meats.</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.    |     |     |  |
| Uten./Equip.           | 12 | Spoils            |     |     |  |
|                        | 13 | Wash/ Sanitize    |     |     |  |
|                        | 14 | Equip. Condition  |     |     |  |
| Employee               | 15 | Utensil Condition |     |     |  |
|                        | 16 | Storage           |     |     |  |
|                        | 17 | Handwashing       |     |     |  |
|                        | 18 | Employee Hygiene  |     |     |  |
| Water                  | 19 | Employee Habits   |     |     |  |
|                        | 20 | Food Cert./ Card  |     |     |  |
|                        | 21 | Water             |     |     |  |
| Waste                  | 22 | Cross Con.        |     |     |  |
|                        | 23 | Liquid Waste      |     |     |  |
| Vermin                 | 24 | Refuse            |     |     |  |
|                        | 25 | Rodents/ Insects  |     |     |  |
| Facilities             | 26 | Animal/ Fowl      |     |     |  |
|                        | 27 | Ventilation       |     |     |  |
|                        | 28 | Doors             |     |     |  |
|                        | 29 | Floors            |     |     |  |
|                        | 30 | Walls - Ceilings  |     |     |  |
|                        | 31 | Toilet Fac.       |     |     |  |
|                        | 32 | Janitorial Fac.   |     |     |  |
| Misc.                  | 33 | Lighting          |     |     |  |
|                        | 34 | Clothing - Linen  |     |     |  |
|                        | 35 | Signs             |     |     |  |
|                        | 36 | Misc.             |     |     |  |

|   |
|---|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site                             |
| Received By (Print): <b>Jeanette Brunner</b> Received by (Signature): _____      Date: <b>11/8/2023</b> |
| REHS (Print): <b>Alexa Roche</b> REHS (Signature): _____      Phone: <b>530-841-2117</b>                |

**Facility Name:** Lulu's Main Street Cafe

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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|                              |                   |                        |
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