



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: Etna City Pool Snack Shack	Permit # 000003
Address: 401 Howell Ave Etna CA 96027	
Permit Holder: City of Etna	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-467-5232	E-mail: j.bennett@etnaca.com
Food Safety Certified Employee:	Expiration Date:

		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>16) Observed a shaved ice machine to make snow cones and a three compartment sink installed without a plan check process. Any new equipment installation or change of operation must be pre-approved by this Department. Discontinue use and provide manufacturer specification sheets for all new equipment prior to installation. Submit a plan to add new foods to the current operation so that it can be evaluated to ensure the facility meets the required minimum standards for food preparation.</p>	
	2	Prep./ Service				
	3	Storage/ Disp.				
	Food Storage	4	Frozen Food			
		5	Pure Food			
		6	Reused Food			
		7	Transportation			
8		Storage Fac.				
Uten./Equip.	9	Refrig. Units				
	10	Thermometer				
	11	Hazardous Mat.				
	12	Spoils				
Employee	13	Wash/ Sanitize				
	14	Equip. Condition				
	15	Utensil Condition				
	16	Storage		X		
Water	17	Handwashing				
	18	Employee Hygiene				
	19	Employee Habits				
	20	Food Cert./ Card				
Waste	21	Water				
	22	Cross Con.				
Vermin	23	Liquid Waste				
	24	Refuse				
Facilities	25	Rodents/ Insects				
	26	Animal/ Fowl				
	27	Ventilation				
	28	Doors				
	29	Floors				
	30	Walls - Ceilings				
	31	Toilet Fac.				
Misc.	32	Janitorial Fac.				
	33	Lighting				
	34	Clothing - Linen				
	35	Signs				
	36	Misc.				

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Mae Thackery	Received by (Signature): _____
	Date: 8/4/2023
REHS (Print): Alexa Roche	REHS (Signature): _____
	Phone: 530-841-2117

Facility Name: Etna City Pool Snack Shack

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

Received By (Print): Mae Thackery Received by (Signature): Date: 8/4/2023

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

Facility Name: Etna City Pool Snack Shack

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

(This area is currently blank, intended for listing health code violations and their corrections.)

Received By (Print): Mae Thackery	Received by (Signature):	Date: 8/4/2023
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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