



Food Program Official Inspection Report
 SISKIYOU COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 ph: (530) 841-2100, fax: (530) 841-4076

| | |
|---|---|
| Facility Name: Farmhouse Bakery | CMHC# |
| Address: 445 MAIN ST, YREKA, CA. 96027 | |
| Permit Holder: Rockside, INC. | Permit To Operate: <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: 530-467-3003 | E-mail: |
| Food Safety Certified Employee: Jen Thompson | Expiration Date: 9/2025 |

| | | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: |
|------------------------|----------------------|-----|-----|-----|--|
| Protection Time/ Temp. | 1 Food Temp. | | | | <p align="center"><i>Routine inspection conducted this date</i></p> <p><i>14) observed Domestic refrigerator in storage area. All refrigerators must be NSF commercial units</i></p> <p><i>29) Floors in 2 prep & storage areas have floors that have been stripped of floor covering. These floors have a coat of glue and are uncleanable. provide plan to this dept of floor covering & base to repair these floors</i></p> <p><i>30) walls have unfinished dry wall and 1 hole. Ceilings are missing tiles must repair these surfaces to be smooth, durable and absorbent & easily cleanable</i></p> |
| | 2 Prep./ Service | | | | |
| | 3 Storage/ Disp. | | | | |
| | 4 Frozen Food | | | | |
| | 5 Pure Food | | | | |
| Food Storage | 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 | | X | | |
| | 15 Utensil Condition | | | | |
| Water | 16 Storage | | | | |
| | 17 Handwashing | | | | |
| | 18 Employee Hygiene | | | | |
| | 19 Employee Habits | | | | |
| Vermir | 20 Food Cert./ Card | | | | |
| | 21 Water | | | | |
| Waste | 22 Cross Con. | | | | |
| | 23 Liquid Waste | | | | |
| Facilities | 24 Refuse | | | | |
| | 25 Rodents/ Insects | | | | |
| Misc. | 26 Animal/ Fowl | | | | |
| | 27 Ventilation | | | | |
| | 28 Doors | | | | |
| | 29 Floors | | X | | |
| | 30 Walls - Ceilings | | X | | |
| | 31 Toilet Fac. | | | | |
| | 32 Janitorial Fac. | | | | |
| | 33 Lighting | | | | |
| | 34 Clothing - Linen | | | | |
| | 35 Signs | | | | |
| | 36 Misc. | | | | |

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

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|--|--|----------------------------|
| Received By (Print): Julie Sutter | Received by (Signature): <i>Julie Sutter</i> | Date: 9/4/24 |
| REHS (Print): David Jackson | REHS (Signature): <i>[Signature]</i> | Phone: 530-841-2114 |