

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: Mike and Wanda's Steak House 000325							^{Permit #} 000325					
Address: 423 Modoc St Tulelake CA 96134												
Permi	t Hol	Ider: Mike and V	Mana		abb		Permit To Operate:					
Phone			vanc	a w	epp	E-mail: mikeandwandastulalak	Valid Not Valid					
111Keanuwanuasiuleiake@gmail.com												
Food Safety Certified Employee: Kimberly Cross Expiration Date: 10/2028												
	MAJ OUT COS					The marked items represent Health Code violations and must be corrected as follows:						
Protection Time/ Temp.	2	Food Temp.				ROUTINE INSPECTION CC	NDUCTED ON THIS DATE					
	2	Prep./ Service										
	3	Storage/ Disp.				10) 2ND NOTICE: Observed from located subside of	cated outside of the ventilation system. A mechanical exhaust					
	4	Frozen Food				ventilation equipment shall be provided over all cook						
ction	5	Pure Food				remove odors, smoke, steam, grease, heat, and vap						
rote	6	Reused Food				30) Observed exposed wood throughout the food preparation and dry food storage area. E						
٩.	7	Transportation										
Ο	8	Storage Fac.				services are cleanable, durable, non-absorbent, and smooth. Repair or replace within 30						
Food Storage	9	Refrig. Units				29) Observed build up of dirt, grease, and missing base boards throughout the food preparation cooking area. Deep clean flooring immediately.						
	10	Thermometer			-							
00	11	Hazardous Mat.	_									
	12	Spoils	-									
din.		Wash/ Sanitize										
Uten./Equip.	14	Equip. Condition										
ten.	_	Utensil Condition										
	16	Storage		X								
9		Handwashing										
Employee		Employee Hygiene										
L L		Employee Habits										
	100330	Food Cert./ Card										
Water	_	Water	-									
>	22		-	-	-							
Waste		Liquid Waste										
		Refuse			-							
/ermin	_	Rodents/ Insects	_		-							
Ve	0 2	Animal/ Fowl	-		a							
	27											
Facilities	28				0 0							
				X								
ц	30	Walls - Ceilings		X	-							
		Toilet Fac.										
	32	Janitorial Fac.										
Misc.		Lighting		<u> </u>	-							
	34											
		Signs	_	<u> </u>								
MA I -		Misc.	<u> тис</u>	Out	of con	nnliance COS = Corrected on site						
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:							Date:					
Kimberly Cross 10/25/2024												
REHS (Print): REHS (Signature): Phone: 530-841-2117												
330-041-2117												

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

r.

Received By (Print):	Received by (Signature):	Date:
Kimberly Cross	Received by (digitatule).	10/25/2024
REHS (Print):	REHS (Signature):	Phone:
Alexa Roche		530-841-2117
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		с.		
Received By (Print):	berly Cross	Received by (Signature):	Date: 10	/25/2024
				12012024
REHS (Print): Alexa R	oche	REHS (Signature):	Phone: 530-1	841-2117
Page 3			550-0	J⊤ I [−] ∠ I I <i>I</i>

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