ONLY OF SISKING

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: Ellie's Espresso Permit # 000220										
Address: 79 S Weed Blvd, Weed CA 96094										
Permit	Hol	der: Robert We	st			Permit To Operate: Valid Not Valid				
Phone: 530-925-3675 E-mail: rbwestjr68@gmail.com										
Food Safety Certified Employee: Expiration Date:										
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
	1	Food Temp.	IVIAJ	001	003					
Protection Time/ Temp.	Wars.	Prep./ Service	Н			ROUTINE INSPECTION CONDUCTED ON THIS DATE				
	3	Storage/ Disp.	Н			14) Observed the buildup of food debris in the reach-in refrigerators and freezers througho				
	4	Frozen Food				facility Maintain all equipment as to be sanitary and in good serviceable condition at all times.				
	5	Pure Food				Clean and sanitize as soon as possible.				
otec	6	Reused Food	Ш			14,17) 3RD NOTICE: Observed missing handle for hot water at the hand washing station.				
Pro	7	Transportation				Employees are currently using the 3 compartment sink for handwashing. The handwashing sink is				
	8	Storage Fac.				designated solely for handwashing purposes, and repairs must be done within the next 7 days.				
age	9	Refrig. Units	EA 37			44) Observed been used shahira the content the setting facility. For one there are for				
Sto	10	Thermometer				14) Observed bare wood shelving throughout the entire facility. Ensure these surfaces to be smooth, durable, nonabsorbent, and easily cleanable. Repair or replace within the next 30 days.				
Food Storage	11	Hazardous Mat.				smooth, durable, nonabsorbent, and easily dealiable. Repair of replace within the flext ob days.				
	12	Spoils				8, 13,14) Observed buildup of food debris on the storage and shelving equipment in the both food				
Uten./Equip.	13	Wash/ Sanitize		X		preparation areas. Repair bare wood, then wash and sanitize equipment as manufacturer				
	14	Equip. Condition		X		specifications are stated. Correct immediately.				
en./	15	Utensil Condition				14) Observed HOUSEHOLD USE ONLY toaster oven. Ensure equipment utilized are ANSI or NSF				
5	16	Storage				certified. Remove or replace these units and provide manufacturer cut sheets for preapproval.				
Ф	17	Handwashing		X						
loye	18	Employee Hygiene				29,30) observed excessive build of dirt, dust and food debris throughout the entire facility and hard to reach places. Maintain facility is in a cleanable state. Correct immediately.				
Employee		Employee Habits				to reach places. Maintain racility is in a cleanable state. Correct infinediately.				
	7	Food Cert./ Card		X		29) Observed tears and damages to the linoleum of the floors in the kitchen area. Ensure floors are				
Water		Water	Ш	-		serviceable, cleanable, and nonabsorbent. Repair within 60 days.				
3	22	Cross Con.	Ш			25) Observed redent drannings throughout the food facility. Continue to conduct redent control				
aste		Liquid Waste				25) Observed rodent droppings throughout the food facility. Continue to conduct rodent control measures and maintain all surfaces, including hard-to-reach places are clean in a manner to				
		Refuse				prevent harborage of rodents. Deep clean and remove all evidence of rodent droppings in the foo				
rmin Was	10000	Rodents/ Insects	Ш	X		facility. Correct immediately.				
>		Animal/ Fowl		-		20) Obtain a feed manager contificate within 60 days. All appleyage obtain a feed bandlade cond				
		Ventilation Doors	Н			20) Obtain a food manager certificate within 60 days. All employees obtain a food handler's card within 30 days of hire.				
ties	1			×						
Facilities	- Carrier III	Floors Walls - Ceilings								
ш	31	Toilet Fac.	Н	×						
	32	Janitorial Fac.		-+	\dashv					
		Lighting								
Misc.		Clothing - Linen	Н		\dashv					
		Signs	П		\dashv					
	2	Misc.			\dashv					
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
Received By (Print): Received by (Signature): Date: Nayeli flores 11/19/2024										
REHS (Print): Alexa Roche REHS (Signature): Phone: 530-841-2117										

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	The marked items represen	t Health Code violations and must be	corrected as follows:
Received By (Print):		Received by (Signature):	Date:
	ayeli flores	DELIO (0:	11/19/2024
REHS (Print):		REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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