## **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: Manfredi's Food and Gas  Permit # 000308											
Address: 6929 Dunsmuir Ave. Dunsmuir, CA											
Permit	Permit Holder: Permit To Operate:										
Ron Manfredi											
Phone: 530-235-2141 E-mail: sharonmanfredi@yahoo.com											
Food Safety Certified Employee: Sharon Manfredi Expiration Date: 10/2027											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
Ď.	1	Food Temp.		X		ROUTINE INSPECTION CONDUCTED THIS DATE					
Protection Time/ Temp.	2	Prep./ Service		X							
	3	Storage/ Disp.		X		1) 2ND NOTICE: Observed slice deli meat in reach-in cooler and sandwich fridge measuring					
	4	Frozen Food				between 44-49F. Hold all cold food at 41F or below. Correct immediately.					
	5	Pure Food				2) 2ND NOTICE: Observed bread stored in non-food grade bag. Store working food in a food					
rote	6	Reused Food				grade bag. Correct immediately.					
Pr	7	Transportation									
е	8	Storage Fac.		X		<ol> <li>Observed prepackaged food (frozen bread, bagged ice and frozen meat) on the floor in the walk-in freezer. Ensure food products are stored 6" off the ground. Correct immediately.</li> </ol>					
orag	9	Refrig. Units			2	walk-in freezer. Ensure 1000 products are stored of on the ground. Correct infinediately.					
Food Storage	10	Thermometer			8	13) Observed no sani-bucket in use to test the sanitizer concentration. Ensure manual					
F000	100	Hazardous Mat.				disinfectant has a concentration of 100ppm chlorine or 200ppm quat and is readily available at all					
Secul	12	Spoils			0	times. Corrected during inspection.					
dip.	2222	Wash/ Sanitize		×	X	13) 2ND NOTICE: Facility does not have test strips to measure disinfectant concentration in					
Uten./Equip.	14	Equip. Condition		X	-	sani-bucket or 3-compartment sink. Obtain test strips immediately, and test disinfectant daily or as					
ten.	15	Utensil Condition				needed.					
n		Storage									
96		Handwashing				14) Observed bare wood in hand-washing and behind ware-washing sink. Maintain all surface:					
Employee	18	Employee Hygiene				are smooth, durable, cleanable, and nonabsorbent. Correct within 90 days.					
⊒mp		Employee Habits			2	13) Observed excessive buildup of slime or mold inside of the ice machine. Maintain equipment in					
	20	Food Cert./ Card				a cleanly and serviceable condition at all times. Discard ice and clean ice machine in accordance					
Water		Water				with manufacturer's instructions.					
		Cross Con.									
Waste		Liquid Waste									
100		Refuse		X							
'ermin	_	Rodents/ Insects		Χ	×						
Ve		Animal/ Fowl			0						
	October 1	Ventilation			ž.						
es	1 1	Doors			8						
Facilities		Floors	,								
Fa		Walls - Ceilings		3	-						
	-	Toilet Fac.									
		Janitorial Fac.			2						
		Lighting									
Misc.		Clothing - Linen									
		Signs									
MA I -	-	Misc.	IIT -	Out	of com	pliance COS - Corrected on site					
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date:										
Sharon Manfredi 11/26/2024											
REHS (Print): REHS (Signature): Phone: Alexa Roche 530-841-2112											

Facility Name: Manfredi's Fo	ood and Gas							
The marked	items represent Health Code violations and must be	corrected as follows:						
25) Observed excessive flies throughout the facility. Prevent entrances of flies or insects to reduce food contamination. Correct immediately.								
29) Observed missing VCT/tiles under the oven, in the deli-prep area. Ensure floor surfaces are smooth, durable, easily cleanable, and nonabsorbent. Repair within 90 days.								
29, 30) Observed excessive buildup of dust, dirt, or debris throughout the facility's walls, floors, and fans. Maintain food facility is in a cleanable matter that is free from contamination.								
Received By (Print): Sharon Manfredi	Received by (Signature):	Date: 11/26/2024						
REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2112						

Facility Name:	Manfredi's Food and Gas										
	The marked items represent Health Code violations and must be corrected as follows:										
Received By (Print):		Date:									
Shar REHS (Print):	ron Manfredi  REHS (Signature):	11/26/2024 Phone:									

530-841-2112

Alexa Roche

Facility Name:	Manfredi's Food and Gas	
	The marked items represent Health Code violations and must be corrected a	as follows:
Received By (Print): Sha	Received by (Signature): uron Manfredi	Date: 11/26/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2112

Alexa Roche