



# 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: <b>Phuket Cafe Thai Cuisine</b>            |  |                                  |  | Permit # <b>000372</b>   |  |
| Address: <b>1328 S. Mount Shasta Blvd., Mt Shasta, CA</b> |  |                                  |  |  |  |
| Permit Holder: <b>Steve Novang</b>                        |  |                                  |  | Permit To Operate:<br><input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |  |
| Phone: <b>530-926-4444</b>                                |  | E-mail: <b>novang1@yahoo.com</b> |  |  |  |
| Food Safety Certified Employee: <b>Steve Novang</b>       |  |                                  |  | Expiration Date: <b>04/2026</b>  |  |

  

|                        |                      | MAJ | OUT | COS |   |
|------------------------|----------------------|-----|-----|-----|---|
| Protection Time/ Temp. | 1 Food Temp.         |     | X   | X   | <p style="text-align: center;"><b>ROUTINE INSPECTION CONDUCTED THIS DATE</b></p> <p>1) Observed raw chicken at 50F stored in an ice bath at the cook's line. Hold cold foods at 41F or below. Fully submerge the food container in ice to effectively cool all parts of food. Chicken was moved into prep cooler to be cooled.</p> <p>3) Observed a salad bowl with spring roll fillings stored in the ice machine. Store cold foods in designated food coolers. Dispose all ice and discontinue use until ice compartment has been clean and sanitize according to manufacturer specification. Salad bowl moved into prep cooler.</p> <p>13) Observed 10ppm chlorine sanitizer at dishwasher. Ensure dishwasher has a sanitizer concentration of 50ppm. Until corrected, soiled wares can be washed and rinsed using the dishwasher, but use the 3-compartment sink to sanitize. Ensure manual sanitizer has 100ppm chlorine.</p> <p>13) Observed numerous used wash cloths stored on the prep tables and cooking equipment counter. Store wash cloths in sani-bucket when not in use. Corrected onsite.</p> <p>14) Observed buildup of dust or dirt on the compressor fan guards in the walk-in refrigerator. Maintain equipment in a cleanly manner, fully operable, and not a source of contamination. Correct immediately.</p> <p>14) Observed buildup of grease, dust, and dirt on equipment and hard-to-reach places throughout the kitchen. Maintain facility in a cleanly manner at all times and not sources of contamination. Correct immediately.</p> <p>23) Observed liquid waste pooling on the floor at the dishwasher area. Observed water leaking from on of the valves. Maintain equipment in good repair. Mop liquid so it does not become a hazard or source of contamination to facility.</p> <p>30) Observed paint peeling on the ceiling above the 3-compartment sink area. Ensure ceiling is finished as to be smooth, durable, nonabsorbent, and easily cleanable. Repair or correct within 90 days.</p> |
|                        | 2 Prep./ Service     |     |     |     |   |
|                        | 3 Storage/ Disp.     |     | X   | X   |   |
|                        | 4 Frozen Food        |     |     |     |   |
|                        | 5 Pure Food          |     |     |     |   |
|                        | 6 Reused Food        |     |     |     |   |
|                        | 7 Transportation     |     |     |     |   |
| Food Storage           | 8 Storage Fac.       |     |     |     |   |
|                        | 9 Refrig. Units      |     |     |     |   |
|                        | 10 Thermometer       |     |     |     |   |
|                        | 11 Hazardous Mat.    |     |     |     |   |
|                        | 12 Spoils            |     |     |     |   |
| Uten./Equip.           | 13 Wash/ Sanitize    |     | X   |     |   |
|                        | 14 Equip. Condition  |     | X   |     |   |
|                        | 15 Utensil Condition |     |     |     |   |
| Employee               | 16 Storage           |     |     |     |   |
|                        | 17 Handwashing       |     |     |     |   |
|                        | 18 Employee Hygiene  |     |     |     |   |
|                        | 19 Employee Habits   |     |     |     |   |
| Water                  | 20 Food Cert./ Card  |     |     |     |   |
|                        | 21 Water             |     |     |     |   |
| Waste                  | 22 Cross Con.        |     |     |     |   |
|                        | 23 Liquid Waste      |     | X   |     |   |
| Vermin                 | 24 Refuse            |     |     |     |   |
|                        | 25 Rodents/ Insects  |     |     |     |   |
| Facilities             | 26 Animal/ Fowl      |     |     |     |   |
|                        | 27 Ventilation       |     |     |     |   |
|                        | 28 Doors             |     |     |     |   |
|                        | 29 Floors            |     |     |     |   |
|                        | 30 Walls - Ceilings  |     | X   |     |   |
|                        | 31 Toilet Fac.       |     |     |     |   |
|                        | 32 Janitorial Fac.   |     |     |     |   |
| Misc.                  | 33 Lighting          |     |     |     |   |
|                        | 34 Clothing - Linen  |     |     |     |   |
|                        | 35 Signs             |     |     |     |   |
|                        | 36 Misc.             |     |     |     |   |

  

|   |   |
|---|---|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site |   |
| Received By (Print): <b>May Novang</b>                                      | Received by (Signature): _____<br>Date: <b>12/06/2024</b> |
| REHS (Print): <b>Chalyn Dewey</b>   | REHS (Signature): _____<br>Phone: <b>530-841-2112</b>     |

**Facility Name:** Phuket Cafe Thai Cuisine

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

|                                    |                          |                     |
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