



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: Etna Deli | | | | Permit # | | |
| Address: 591 A Collier Way Etna CA 96027 | | | | | | |
| Permit Holder: Orin and Natisha Lewis | | | | Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid | | |
| Phone: 530-917-6874 | | E-mail: oglewis72@aol.com | | | | |
| Food Safety Certified Employee: | | | | Expiration Date: | | |
| | | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: | |
| Protection Time/ Temp. | 1 | Food Temp. | | | <div style="text-align: center;">PRE-OPENING INSPECTION CONDUCTED ON THIS DATE</div> <div style="text-align: center;">This facility is approved to be opened with the following conditions:</div> <div style="text-align: center;">Obtain all necessary permits and licenses as required by all other regulatory agencies Obtain a operating permit from this Department Obtain a Food Manager certification within the next 60 days. Seal all potential entry points that could allow dust or vectors to enter the area where food prepared or stored</div> | |
| | 2 | Prep./ Service | | | | |
| | 3 | Storage/ Disp. | | | | |
| | Food Storage | 4 | Frozen Food | | | |
| | | 5 | Pure Food | | | |
| | | 6 | Reused Food | | | |
| | | 7 | Transportation | | | |
| 8 | | Storage Fac. | | | | |
| Food Storage | 9 | Refrig. Units | | | | |
| | 10 | Thermometer | | | | |
| | 11 | Hazardous Mat. | | | | |
| | 12 | Spoils | | | | |
| Uten./Equip. | 13 | Wash/ Sanitize | | | | |
| | 14 | Equip. Condition | | | | |
| | 15 | Utensil Condition | | | | |
| | 16 | Storage | | | | |
| Employee | 17 | Handwashing | | | | |
| | 18 | Employee Hygiene | | | | |
| | 19 | Employee Habits | | | | |
| | 20 | Food Cert./ Card | | | | |
| Water | 21 | Water | | | | |
| | 22 | Cross Con. | | | | |
| Waste | 23 | Liquid Waste | | | | |
| | 24 | Refuse | | | | |
| Vermin | 25 | Rodents/ Insects | | | | |
| | 26 | Animal/ Fowl | | | | |
| Facilities | 27 | Ventilation | | | | |
| | 28 | Doors | | | | |
| | 29 | Floors | | | | |
| | 30 | Walls - Ceilings | | | | |
| | 31 | Toilet Fac. | | | | |
| | 32 | Janitorial Fac. | | | | |
| | 33 | Lighting | | | | |
| Misc. | 34 | Clothing - Linen | | | | |
| | 35 | Signs | | | | |
| | 36 | Misc. | | | | |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | | | | | | |
| Received By (Print): Natisha Lewis | | | | Received by (Signature): _____ Date: 12/11/2024 | | |
| REHS (Print): Alexa Roche | | | | REHS (Signature): _____ Phone: 530-841-2117 | | |

Facility Name: Etna Deli

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

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| Received By (Print): Natisha Lewis | Received by (Signature): | Date: 12/11/2024 |
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| REHS (Print): Alexa Roche | REHS (Signature): | Phone: 530-841-2117 |
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