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: Gonzo's Breakfast House Permit # 000266											
Address: 715 N Main Street, Yreka CA 96097											
Permit Holder: Permit To Operate:											
Gustavo Gonzalez and Marilou Arreola Valid Not Valid Not Valid											
Phone: 530-605-9191 E-mail: gonzosbreakfasthouse@gmail.com											
Food S	Food Safety Certified Employee: Marilou Arreola Expiration Date: 02/2029										
MAJ OUT COS				_		The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.		X	X	DOLITING INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.		X		1) Observed gravy at 109F at hot warmer located in the kitchen. Hold hot food at 135F					
	4	Frozen Food				or hotter. Voluntarily discarded.					
ction	5	Pure Food				0.01					
Protec	6	Reused Food				Observed raw eggs and meat patties stored above and next to ready-to-eat food at deli prep cabinet. Store raw food below and on separate shelf from ready-to-eat/fully					
		Transportation				cooked food. Correct immediately.					
ae	_	Storage Fac.	E-0. 201			,					
Food Storage	Name of Street	Refrig. Units				3) Observed chemical spray bottles stored on a shelf above clean utensils and on a					
d St	10	Thermometer				crate next to food (buns, oil, and flour) and clean plates at the cooks area. Store					
F00		Hazardous Mat.				chemicals below food, clean utensils, equipment, and single-use articles or in designated chemical storage area. Correct immediately.					
ficeal	12	Spoils			0	designated chemical storage area. Correct infinediately.					
ġ	, TO 100	Wash/ Sanitize				14) Observed the use of milk crates as a prep table to hold food and clean wares.					
Uten./Equip.	14	Equip. Condition		X		Crates are not approved for use as a prep counter, neither is it cleaned and sanitized					
lten.	7	Utensil Condition				daily. Discontinue use of milk crates as prep table immediately and/or replace with ANSI					
)	16	Storage				certified equipment. Send manufacture spec sheet to the department for pre-approval					
90	- 1	Handwashing				prior to purchase and installation.					
Employee	The same of	Employee Hygiene				14) Observed the following Household Use Only equipment stored at the prep area in					
Emp		Employee Habits				the food storage area: Ninja blender and KitchenAid mixer. Ensure equipment in facility					
	7	Food Cert./ Card				are ANSI certified and commercial. Discontinue use immediately and/or replace					
Water		Water	\longrightarrow			equipment. Again, send manufacture spec sheet to the department for pre-approval prior to purchase and installation.					
		Cross Con.				to purchase and installation.					
Waste		Liquid Waste				14) Observed the evaporator plate missing at deli cooler and the use of a paint tray to					
		Refuse				collect waste water. Maintain equipment in good repair, fully serviceable, and not a					
ermin/	The state of	Rodents/ Insects				source of contamination. Repair or correct within 90 days.					
Š		Animal/ Fowl			8	20) Observed waint chinning off well below wareweaking ainly Maintain wells to be					
	27	Ventilation	-		i.	30) Observed paint chipping off wall below warewashing sink. Maintain walls to be smooth, durable, nonabsorbent, and easily cleanable. Repair or correct within 90 days.					
es	28	Doors			8	Shootif, darable, horlabsorbort, and easily electrable. Repair of correct within 50 days.					
Facilities	29	Floors	,								
F		Walls - Ceilings		4		NOTE: Before use, ensure espresso machine liquid tube discharges into the floor sink					
		Toilet Fac.	-			with at least a 1" air gap above top level of the sink.					
		Janitorial Fac.			-						
Misc.		Lighting									
	1	Clothing - Linen									
		Signs									
MA I -		Misc.	LIT -	Out	of con	anlianca COS - Corrected on site					
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:											
Marilou Arreola 02/25/2025											
REHS (Print): REHS (Signature): Phone: 530-841-2112											

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The marked	l items represent Health Code violations and must be co	rrected as follows:
Received By (Print):	Received by (Signature):	Date:
Marilou Arreola		02/25/2025
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey		530-841-2112

Facility Name:	Gonzo's Breakfast H	ouse	
	The marked items re	present Health Code violations and must be co	orrected as follows:
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			_
	lou Arreola	Received by (Signature):	Date: 02/25/2025
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Gonzo's Breakfast Ho	ouse	
	The marked items rep	present Health Code violations and must be	corrected as follows:
Received By (Print): Mari	lou Arreola	Received by (Signature):	Date: 02/25/2025
REHS (Print): Chalyn D	ewey	REHS (Signature):	Phone: 530-841-2112