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	Permit Holder: Betty Miller Phone: 530-475-0864 Food Safety Certified Employee: Denise Rue Permit To Operate: Valid Not Valid N												
Address:													
Permit	Hol	der: Betty Mille	1										
Phone:	Phone: 530-475-0864 E-mail: boopandron@aol.com												
						equipolity (stripping)							
ie/ Temp.	1	Food Temp.											
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE							
	3	Storage/ Disp.											
Ţ	4	Frozen Food				14) Observed the Lincoln conveyor oven installed and used outside the range of the							
Protection	5	Pure Food				exhaust hood. Most of the baking chamber protrudes out of the hood. Any equipment that produces heat, vapor, steam, and/or odor requires all parts to be under a hood.							
	6	Reused Food											
	7	Transportation				Install and use equipment according to manufacture instruction. Repair or correct within							
(I)	8	Storage Fac.				90 days.							
rage	9	Refrig. Units	, E.S. — 227										
Employee Uten./Equip. Food Storage	10	Thermometer			2								
	11	Hazardous Mat.				N. () 500 044 0444							
	12	Spoils				Note: Rick Florendo (supervisor) - 530-841-2114							
Equip.	13	Wash/ Sanitize											
	14	Equip. Condition		X									
en./	15	Utensil Condition											
5	16	Storage											
ө	17	Handwashing											
oye	18	Employee Hygiene											
ldu	19	Employee Habits		,									
	20	Food Cert./ Card											
ater	21	Water											
	22	Cross Con.											
	23	Liquid Waste											
rmin Waste Water	24	Refuse											
Misc. Facilities Vermin Waste Water Employee Uten./Equip.	25	Rodents/ Insects											
	26	Animal/ Fowl											
	27	Ventilation	\Box										
S	28	Doors			8								
ciliti		Floors											
Fa	30	Walls - Ceilings		9									
	31	Toilet Fac.	ш										
	32	Janitorial Fac.											
		Lighting											
Misc.	1000	Clothing - Linen	Ш										
		Signs											
MAZ		Misc.	L I	Out	f	unliannes COC - Corrected on eite							
)UI =	Out 0	or com	pliance COS = Corrected on-site Received by (Signature): Date:							
Received By (Print): Received by (Signature): Date: Betty Miller 03/27/2025													
REHS (Print): REHS (Signature): Phone: 530-841-2112													

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Facility Name:	Cottonwood Creek Pizza	
	The marked items represent Health Code violations and must be corrected as follows:	
18		
Received By (Print):	Received by (Signature): Date:	03/27/2025
REHS (Print):	REHS (Signature): Phone	

530-841-2112

Chalyn Dewey

Facility Name:	Cottonwood Creek Pizza	
	The marked items represent Health Code violations and must be corrected as follows:	
18		
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Bett		03/27/2025
RFHS (Print):	REHS (Signature): Phone	

530-841-2112

Chalyn Dewey

Facility Name:	Cottonwood Creek Pizza	
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530-841-2112

Chalyn Dewey