



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: Lulu's Main Street Cafe				Permit # 001029	
Address: 223 Main St, Tulelake CA 96134					
Permit Holder: Jeanette Brunner				Permit To Operate: ☒ Valid ☐ Not Valid	
Phone: 530-251-7325		E-mail: lulustulelake@gmail.com			
Food Safety Certified Employee: stephanie miller				Expiration Date: 03/2028	

		MAJ	OUT	COS	
Protection Time/ Temp.	1 Food Temp.				The marked items represent Health Code violations and must be corrected as follows: ROUTINE INSPECTION CONDUCTED ON THIS DATE 30) Observed grease and food debris between the fryer and grill in the hard to reach place in the food preparation area of the kitchen. Wash and sanitize as soon as possible. 5) Observed dehydrated morel mushrooms in the dry food storage area. All foods must come from an approved source. Remove as soon as possible. NOTE: The facility's permit to operate is currently invalid and remains unpaid for the 2025 year. To avoid further accrual of late fees, the permit must be brought into compliance as soon as possible.
	2 Prep./ Service				
	3 Storage/ Disp.				
	4 Frozen Food				
	5 Pure Food		X		
	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				
	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		X		
	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): dave asbury	Received by (Signature): _____ Date: 4/15/2025
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Lulu's Main Street Cafe

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

Received By (Print): dave asbury	Received by (Signature):	Date: 4/15/2025
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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