



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: Crave				Permit # 000610	
Address: 402 Chestnut St., Mount Shasta, CA, 96067					
Permit Holder: Derrick Hardman				Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: 530-918-5276		E-mail: HardmanDerrick76@gmail.com			
Food Safety Certified Employee: Derrick Hardman/Lydia Hardman				Expiration Date: 09/2028	
		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p>ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>Satisfactory at Present Time</p>
	2	Prep./ Service			
	3	Storage/ Disp.			
	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			
	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): Derrick Hardman				Received by (Signature): _____ Date: 04/16/2025	
REHS (Print): Rick Florendo				REHS (Signature): _____ Phone: 530-841-2114	

Facility Name: Crave

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

Received By (Print): Derrick Hardman	Received by (Signature):	Date: 04/16/2025
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REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
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