## 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: Black Bear Diner Permit # 000112											
Addres	s:	1795 S Main S	Stree	t, Yr	eka	CA 96097					
Permit Holder:Permit To Operate:											
Tyler Carmichael											
Phone: 530-842-9324 E-mail: Yreka@blackbeardiner.com											
Food Safety Certified Employee: Jessica Galarsa Expiration Date: 06/2029											
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.				FOLLOW-UP INSPECTION CONDUCTED ON THIS DATE					
	3000	Prep./ Service				TOLLOW-OF INSPECTION CONDUCTED ON THIS DATE					
	3	Storage/ Disp.				Follow-up inspection pertains to the cleanliness of the facility (floors, walls, and					
	4	Frozen Food				equipment) noted on previous inspection conducted on 04/22/2025. The following					
	5	Pure Food				observations were found:					
rote		Reused Food				The meat/deli slicer has been cleaned and sanitized.					
Д		Transportation				The meavuel silver has been cleaned and Sanitized.					
ge	-	Storage Fac.	-8 -80			29) Observed food accumulating along the edges (junction between floors and walls)					
Food Storage	Toward Co.	Refrig. Units				where the previous baseboard or coving tiles were lay at cook line and walk-in					
	10	Thermometer		3		refrigerator closest to cook area. Facility is nonetheless actively washing and cleaning					
F00		Hazardous Mat.				floors and walls. Maintain cleanliness of the facility at all times. As noted on 04/22/2025 report, facility was ordered to repair or correct coving at baseboards within 90 days.					
Scenil	12	Spoils			0	report, lacinty was ordered to repair or correct coving at baseboards within 30 days.					
din.	2222	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
Jten	,50000	Utensil Condition				NOTE: Continue to work on all other noted non-compliance on previous inspection					
ר		Storage		3		report.					
99		Handwashing									
Employee	-	Employee Hygiene									
Emp		Employee Habits									
_	2	Food Cert./ Card									
Water		Water Cross Con.									
Waste		Liquid Waste Refuse									
					-						
'ermin		Rodents/ Insects Animal/ Fowl									
>				e e	8						
		Ventilation Doors									
ties	- 1	Floors		$\overline{}$	0						
Facilities	No.	Walls - Ceilings		X							
ш											
		Toilet Fac.  Janitorial Fac.									
Misc.		Lighting Clothing - Linen									
	1000										
		Signs Misc.									
MAJ =			UT =	Out	of com	npliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date:  Jessica Galarsa 04/28/2025											
REHS (Print): Chalyn Dewey  REHS (Signature): Phone: 530-841-2112											

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REHS (Print):	REHS (Signature):	Phone:									
Chalyn D	Dewey	530-841-2112									

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Chalyn Dewey

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