



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: Cedar Lanes				Permit # 000180	
Address: 137 Main St Weed CA 96094					
Permit Holder: Khamsy Bowles				Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: 530-925-5235		E-mail: khamsybowles@yahoo.com			
Food Safety Certified Employee: Diana Nicholas				Expiration Date: 02/2028	
		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center;">ROUTINE INSPECTION CONDUCTED ON THIS SITE</p> <p>16) Observed a tool box being used for the storage of cooking utensils and food items. Storage equipment should be smooth, cleanable, durable and non-absorbent. Remove or replace with a ANSI/NSF approved storage equipment.</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		X	
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): Diana Nicholas				Received by (Signature): _____ Date: 4/29/2025	
REHS (Print): Alexa Roche				REHS (Signature): _____ Phone: 530-841-2117	

Facility Name: Cedar Lanes

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

Received By (Print): Diana Nicholas	Received by (Signature):	Date: 4/29/2025
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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