Food Program Official Inspection Report



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

						priorie. (550) 641-2100, fax. (550) 641-4076					
Facility Name: Natalia's Coffee and Books Permit # 000860											
Addres	S:	202 N Main St	., Yr	eka,	CA	96097	yayahin sarang ga kayayahin kara				
Permit	Hol	der: Natalia Cot	ffee	and	Bool	ks [Permit To Operate: X Valid Not Valid				
Phone	5	30-841-2664				E-mail: natalia@nataliascoffeeandbooks.c	om				
Food S	afet	ty Certified Employ	ee: N	latal	ia Ce		Expiration Date: 11/2029				
				OUT	_	The marked items represent Health Code violations and must	WOMAN SERVICE				
Employee Uten./Equip. Food Storage Protection Time/ Temp.	1	Food Temp.	IVIAU	001	000	The marked items represent reduct odde violations and must	so corrected as follows:				
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED TH	IS DATE				
) / E	3296	Storage/ Disp.									
Protection Time	4	Frozen Food									
	5	Pure Food				11) Observed a bottle of Ace insecticide stored in the cabinet below the handwashing station. Facility is not permitted to use insecticide not approved for food facilities.					
	1000	Reused Food									
		Transportation				Discontinue use and remove immediately.					
	100 mg	Storage Fac.				14) Observed a block of raw wood used to support the plumbing to the 3-compartment					
0.000		Refrig. Units	- 20		-						
	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	Thermometer			i.	sink. Ensure wood is finished to be nonabsorbent, smooth, cleanable. Repair or correct within 30 days.	durable, and easily				
				×	0	cleanable. Repair of correct within 30 days.					
		Hazardous Mat.		^	-	29) Observed the 3-comp-sink plumbed indirectly without a	1" air gap. To prevent				
200	9 9	295			8	backflow into water supply system, ensure this unit is plumb	ped indirectly into the floor				
dinb		Wash/ Sanitize		$\overline{}$	-	sink (ie funnel) with at least a 1" air gap above the top of the	lip. Repair or correct within				
./Ec	- 0	Equip. Condition		X		30 days.					
Jter	2777	Utensil Condition									
_					-						
99	200	Handwashing			-						
ployee	2000	Employee Hygiene									
Em	10000	Employee Habits			-	-					
_	100000	Food Cert./ Card									
/ate	000000	Water Cross Con.				_					
e <											
/ast	Colored Color	Liquid Waste				-					
					-						
rmin Waste		Rodents/ Insects			ž.						
Vermin Waste		Animal/ Fowl		2	0						
		Ventilation			ž.						
12 Sp 13 W. 14 Ed 15 Ut 16 St 18 En 19 En 20 Fo 22 Cr 224 Re 23 Lic 24 Re 25 Ro 26 Ar 27 Ve 28 Do 26 Ar 27 Ve 28 Do 30 W. 31 To 32 Ja 33 Lig 33 Lig 33 Lig 33 Lig 33 Lig 34 Cl	Doors		\sim	0							
	State	Floors		X							
		Walls - Ceilings			-						
		Toilet Fac. Janitorial Fac.			_						
					-						
	70000	Lighting Lines			-						
isc.	-	Clothing - Linen									
Σ	0227	Signs	H								
MA.I -			UT -	Out	of com	npliance COS = Corrected on-site					
		(Print): Natalia				Received by (Signature):	Date: 06/10/2025				
REHS (Print): REHS (Signature): Phone: 530-841-2112											

Facility Name:	Natalia's Coffee and Books	
	The marked items represent Health Code violations and must be corrected as follows:	
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	š.	
Received By (Print):	Received by (Signature): Date:	
Na Na		06/10/2025
REHS (Print):	REHS (Signature): Phone	

530-841-2112

Chalyn Dewey

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530-841-2112

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	8						
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REHS (Print):	REHS (Signature):	Phone:					
Chalyn [Dewey	530-841-2112					