



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: Armstrong Arcade Lounge				Permit # 001218	
Address: 1263 South Main St., Yreka, CA					
Permit Holder: Gabriel Armstrong				Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: 530-598-1800		E-mail: armstrongarcadelounge@gmail.com			
Food Safety Certified Employee: NA				Expiration Date:	

		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; font-weight: bold;">PRE-OPENING INSPECTION CONDUCTED THIS DATE.</p> <p>This facility is approved to open. It currently is offering minor foods and is permitted as such. Please ensure to obtain any other permits or licenses as necessary.</p> <p>If future upgrades to the facility includes the addition of new equipment, please contact this department prior to purchase so that the equipment can be evaluated and pre-approved for use.</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): Gabriel Armstrong	Received by (Signature): _____ Date: 08/13/2025
REHS (Print): Rick Florendo	REHS (Signature): _____ Phone: 530-841-2114

Facility Name: Armstrong Arcade Lounge

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

Received By (Print): Gabriel Armstrong	Received by (Signature):	Date: 08/13/2025
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REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
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