



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: Poncho & Lefkowitz	Permit # 000376
Address: 401 S. Mount Shasta Blvd., Mount Shasta, CA 96067	
Permit Holder: Charles Mahan	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-638-6940	E-mail: cmahan580@gmail.com
Food Safety Certified Employee: Charles Mahan	Expiration Date: 04/2030

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.		X	<p style="text-align: center; margin-top: 0;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed food held in the top and bottom of the deli prep cooler at 48 degrees F. Hold all cold food at 41 degrees F or colder. Correct immediately</p> <p>9) Ensure the deli prep cooler noted in the above violation is working sufficiently enough to hold food at the proper temperatures. Discontinue use if the unit is not working properly. Repair or replace within 30 days.</p> <p>14) Observed that the insulation and lining of the box freezer completely broken and exposing the food to potential contamination of the food stored inside. Maintain all equipment in a cleanable and serviceable condition. Discontinue use and move all the food to a working freezer. Replace or repair within 30 days.</p> <p>30) Observed a large hole in the wall of the restroom that is continuous to the outside of the building. Walls are to be smooth and cleanable. This large hole will also allow the harborage of rodents and other vermin. Repair within 7 days.</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		X	
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize			
	14	Equip. Condition		X	
	15	Utensil Condition			
Employee	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
Water	20	Food Cert./ Card			
	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		X	
	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): Charles Mahan	Received by (Signature): _____ Date: 08/28/25
REHS (Print): Rick Florendo	REHS (Signature): _____ Phone: 530-841-2114

Facility Name: Poncho & Lefkowitz

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

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Charles Mahan

Received by (Signature):

Date:
08/28/25

REHS (Print):
Rick Florendo

REHS (Signature):

Phone:
530-841-2114

Facility Name: Poncho & Lefkowitz

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

[Empty area for listing health code violations and correction details]

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