



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: ☒ Valid ☐ 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: ROUTINE INSPECTION CONDUCTED ON THIS SITE SATISFACTORY AT PRESENT TIME
Protection Time/ Temp.	1 Food Temp.				
	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): Diana Nicholas				Received by (Signature): _____ Date: 9/16/2025	
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: 9/16/2025
--	--------------------------	--------------------

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: 9/16/2025
--	--------------------------	--------------------

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: 9/16/2025
--	--------------------------	--------------------

REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
------------------------------	-------------------	------------------------