



### 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: <b>Strings Italian Cafe</b>	Permit # <b>000442</b>
Address: <b>322 W Miner St., Yreka CA 96097</b>	
Permit Holder: <b>Dennis Faust</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>530-842-7704</b>	E-mail: <b>lisafaust80@yahoo.com</b>
Food Safety Certified Employee: <b>Dennis Faust</b>	Expiration Date: <b>04/2028</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.		X	X
	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		X	
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

**ROUTINE INSPECTION CONDUCTED THIS DATE**

3) Observed raw food (meats, seafood, eggs) stored next to ready-to-eat (RTE) food in the bottom cabinet of deli prep cooler, walk-in refrigerator and freezer. Store or arrange raw food below RTE food. Corrected during inspection.

29) Observed grease buildup on the floor and hard to reach areas (ie behind cooking equipment) at the cooks area. Maintain facility in a cleanly manner at all times and fully serviceable. Wash, clean, and/or sanitize within 30 days.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Lisa Fausts</b>	Received by (Signature): _____ Date: <b>09/18/2025</b>
REHS (Print): <b>Chalyn Dewey</b>	REHS (Signature): _____ Phone: <b>530-841-2112</b>

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Date:  
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Chalyn Dewey

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