



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: Siskiyou Brew Works	Permit # 000428
Address: 110 Squaw Valley Rd., McCloud, CA 96057	
Permit Holder: Pat & Sue Brush	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-925-5894	E-mail: pbrush49@live.com
Food Safety Certified Employee: Quentin Zahara	Expiration Date: 09/2024

		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; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>13) Observed high levels of quaternary sanitizer of 400ppm or more at warewashing sink. Ensure sanitizer holds concentration of 200ppm at all times. Utilize chemical test strips. Corrected during inspection.</p> <p>13) Observed buildup of mold inside the ice machine. Maintain equipment in a cleanly manner at all times to prevent contamination of food. Corrected during inspection.</p> <p>13, 14) Observed water pooling on the bottom of the deli prep cooler. Maintain equipment in good repair and fully serviceable. Clean and sanitizer the cabinet immediately.</p> <p>17) Observed the water temperature at the women restroom reaching temp of 105F for less than 5 secs, then holds at 92F. Observed water at 54F in the men restroom. The on-demand tank tripped off and operator had to reset the unit. Ensure handwashing facility is supplied with a minimum of 100F for atleast 15 secs for proper handwashing. Repair or correct within 14 days.</p> <p>17) Observed no hand soap in pump bottle or dispenser at the only handwash station in the kitchen. Hand soap in dispenser is required for proper hand-washing at all times. Corrected during inspection.</p> <p>20) The food manager certificate has expired. Obtain food manager certificate within 60 days and maintain a copy onsite.</p>	
	2	Prep./ Service				
	3	Storage/ Disp.				
	Food Storage	4	Frozen Food			
		5	Pure Food			
		6	Reused Food			
		7	Transportation			
8		Storage Fac.				
Uten./Equip.	9	Refrig. Units				
	10	Thermometer				
	11	Hazardous Mat.				
	12	Spoils				
Employee	13	Wash/ Sanitize	X	X		
	14	Equip. Condition	X			
	15	Utensil Condition				
	16	Storage				
Water	17	Handwashing	X	X		
	18	Employee Hygiene				
	19	Employee Habits				
	20	Food Cert./ Card				
Waste	21	Water				
	22	Cross Con.				
Vermin	23	Liquid Waste				
	24	Refuse				
Facilities	25	Rodents/ Insects				
	26	Animal/ Fowl				
	27	Ventilation				
	28	Doors				
	29	Floors				
	30	Walls - Ceilings				
	31	Toilet Fac.				
Misc.	32	Janitorial Fac.				
	33	Lighting				
	34	Clothing - Linen				
	35	Signs				
	36	Misc.				

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Sue Brush	Received by (Signature): _____ Date: 11/07/2025
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Siskiyou Brew Works

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Date:
11/07/2025

REHS (Print):
Chalyn Dewey

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