



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="checkbox"/> Valid <input type="checkbox"/> 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. | | | |
| | 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. | | | |
| Uten./Equip. | 12 | Spoils | | | |
| | 13 | Wash/ Sanitize | | X | |
| | 14 | Equip. Condition | | X | |
| Employee | 15 | Utensil Condition | | | |
| | 16 | Storage | | | |
| | 17 | Handwashing | | | |
| Water | 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 | | X | |
| | 30 | Walls - Ceilings | | | |
| Misc. | 31 | Toilet Fac. | | | |
| | 32 | Janitorial Fac. | | | |
| | 33 | Lighting | | | |
| | 34 | Clothing - Linen | | | |
| | 35 | Signs | | | |
| | 36 | Misc. | | | |

ROUTINE INSPECTION CONDUCTED ON THIS DATE

13) Observed no Quaternary Ammonium Chloride (QAC) test strips. Obtain QAC chemical test strips immediately.

13) Observed dust buildup on the walls in the warewashing area. Maintain walls in the interior of the facility in a cleanly manner at all times. Wash, clean, and sanitize immediately, and maintain.

14) Observed a household/residential Cusinart Food Processor. Utilize ANSI certified equipment (ex NSF, ETL sanitation, etc) in a commercial kitchen. Discontinue use, remove and replace with ANSI certified equipment immediately. Submit spec sheet of replaced equipment for preapproval prior to use/installation.

29) 3rd Notice - Observed damages to floor in the warewashing area. Maintain floor as to be smooth, cleanable, nonabsorbent, and durable. Correct or repair the floor within the upcoming summer.

| |
|---|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site |
| Received By (Print): Charles Mahan Received by (Signature): _____ Date: 11/21/2025 |
| REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112 |

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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| REHS (Print): Chalyn Dewey | REHS (Signature): | Phone: 530-841-2112 |
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Received by (Signature):

Date:
11/21/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112