



### 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>Taste of Caribbean</b>	Permit # <b>000723</b>
Address: <b>5855 Dunsmuir Ave, Dunsmuir, CA, 96025</b>	
Permit Holder: <b>Kevin Sampson</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-500-5209</b>	E-mail: <b>latishalawrence@gmail.com</b>
Food Safety Certified Employee: <b>Kevin Sampson</b>	Expiration Date: <b>05/2027</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="font-size: 1.2em;">ROUTINE INSPECTION CONDUCTED THIS DATE.</p> <p style="font-size: 1.2em;">Satisfactory at present time.</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			
	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): <b>Kevin Sampson</b>	Received By (Signature):  Date: <b>06/15/2023</b>
REHS (Print): <b>Rick Florendo</b>	REHS (Signature):  Phone: <b>530-841-2114</b>

**Facility Name:** Taste of Caribbean

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

Received By (Print): Kevan Sampson      Received by (Signature):      Date: 06/15/2023

REHS (Print): Rick Florendo      REHS (Signature):      Phone: 530-841-2114

**Facility Name:** Taste of Caribbean

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

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

Received By (Print): Kevan Sampson	Received by (Signature):	Date: 06/15/2023
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REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
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