



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: The Coffee Break	Permit # 000454
Address: 302 W. Lake St., Mount Shasta, CA 96067	
Permit Holder: Suzanne Mendenhall	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-859-0339	E-mail: thecoffeebrakemtshastaca@gmail.com
Food Safety Certified Employee: Suzanne Mendenhall	Expiration Date:

		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.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize		X	
	14	Equip. Condition		X	
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card		X	
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.			

ROUTINE INSPECTION CONDUCTED THIS DATE

13) Observed no sanitizer available for use to sanitize surfaces. Utilize a solution of 100 ppm Chlorine or 200 ppm Quat to sanitize surfaces and wares. Correct asap.

20) Food manager certification is unavailable for inspection. Maintain a copy onsite and available for inspection at all times. If it is expired, obtain a new certification within 60 days.

14) Observed automotive heater hose used to fill water tanks in mobile. Obtain a food grade hose designed for the transport of water. Correct immediately.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Suzanne Mendenhall	Received by (Signature): _____ Date: 10/11/2023
REHS (Print): Rick Florendo	REHS (Signature): _____ Phone: 530-841-2114

Facility Name: The Coffee Break

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Suzanne Mendenhall

Received by (Signature):

Date:

10/11/2023

REHS (Print):

Rick Florendo

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Phone:

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