



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: Linda's Soup Cafe	Permit # 000302
Address: 1812 Fort Jones Rd, Yreka CA 96097	
Permit Holder: Linda Greer	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-842-5236	E-mail: N/A
Food Safety Certified Employee: Linda Greer	Expiration Date: 05/2028

		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		X	
	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			
	14	Equip. Condition		X	
Employee	15	Utensil Condition			
	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
Water	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.		X	

ROUTINE INSPECTION CONDUCTED ON THIS DATE

2) Observed hot holding equipment in the back of the facility with partial overhead protection. Overhead protection is required over food preparation and food storage area. Repair or correct within 90 days.

14) Observed bare wood surfaces throughout the food prep area. Ensure finishes to be smooth, durable, nonabsorbent, and easily cleanable. Repair or correct within 30 days.

14) Observed water leaking from the front corners of the ice machine with a food container collecting the discharge. Maintain equipment in good repair. Repair or correct immediately.

36) Observed unused or unnecessary equipment in the facility. Maintain facility in a condition that is free of items or equipment that are unnecessary to the operation, nonfunctional, or longer in use. Correct immediately.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Leah Foster	Received by (Signature): _____ Date: 04/24/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Linda's Soup Cafe

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

Received By (Print):
Leah Foster

Received by (Signature):

Date:
04/24/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

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