



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

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|--|---|
| Facility Name: Baldovinos | Permit # |
| Address: 418 N. Mt. Shasta Blvd., Mount Shasta, CA, 96067 | |
| Permit Holder: Jeff & Sue Baldo | Permit To Operate: <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: 916-541-3706 | E-mail: sbaldo@sbcglobal.net |
| Food Safety Certified Employee: | Expiration Date: |

| | | 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;">PRE-OPENING INSPECTION CONDUCTED THIS DATE</p> <p>This facility is approved to open with the following conditions:</p> <ol style="list-style-type: none"> 1) Install a self-closing device and sweeper on the restroom door. 2) Address/repair the gaps in the doors that lead to outside of the building. These doors should close and seal to prevent potential insect and rodent access to the facility. 3) Seal the concrete frame around the floor sink located in the kitchen. 4) Seal around drainage pipes where they transition through the wall under the kitchen hand washing station to eliminate access to the interior portion of the wall. 5) Install an air curtain over the doors that will be used to access the outside dining area. 6) Obtain a food manager certification within 60 days. All other employees need to obtain a food handler card within 30 days of hire. 7) Obtain any necessary permits and licenses from all regulatory agencies with jurisdictional oversight of this facility. | |
| | 2 | Prep./ Service | | | | |
| | 3 | Storage/ Disp. | | | | |
| | Food Storage | 4 | Frozen Food | | | |
| | | 5 | Pure Food | | | |
| | | 6 | Reused Food | | | |
| | | 7 | Transportation | | | |
| Uten./Equip. | 8 | Storage Fac. | | | | |
| | 9 | Refrig. Units | | | | |
| | 10 | Thermometer | | | | |
| | 11 | Hazardous Mat. | | | | |
| Employee | 12 | Spoils | | | | |
| | 13 | Wash/ Sanitize | | | | |
| | 14 | Equip. Condition | | | | |
| | 15 | Utensil Condition | | | | |
| Water | 16 | Storage | | | | |
| | 17 | Handwashing | | | | |
| | 18 | Employee Hygiene | | | | |
| | 19 | Employee Habits | | | | |
| Waste | 20 | Food Cert./ Card | | | | |
| | 21 | Water | | | | |
| | 22 | Cross Con. | | | | |
| | 23 | Liquid Waste | | | | |
| Vermin | 24 | Refuse | | | | |
| | 25 | Rodents/ Insects | | | | |
| | 26 | Animal/ Fowl | | | | |
| | Facilities | 27 | Ventilation | <input type="checkbox"/> | | |
| 28 | | Doors | <input type="checkbox"/> | | | |
| 29 | | Floors | <input type="checkbox"/> | | | |
| 30 | | Walls - Ceilings | <input type="checkbox"/> | | | |
| 31 | | Toilet Fac. | <input type="checkbox"/> | | | |
| 32 | | Janitorial Fac. | <input type="checkbox"/> | | | |
| 33 | | Lighting | <input type="checkbox"/> | | | |
| Misc. | 34 | Clothing - Linen | <input type="checkbox"/> | | | |
| | 35 | Signs | <input type="checkbox"/> | | | |
| | 36 | Misc. | <input type="checkbox"/> | | | |

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|---|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site |
| Received By (Print): Sue Baldo Received by (Signature): _____ Date: 09/10/2024 |
| REHS (Print): Rick Florendo REHS (Signature): _____ Phone: 530-841-2114 |

Facility Name: Baldovinos

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

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Received by (Signature):

Date:
09/10/2024

REHS (Print):
Rick Florendo

REHS (Signature):

Phone:
530-841-2114

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