



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: **Cedar Lanes** Permit # **000180**

Address: **137 Main St Weed CA 96094**

Permit Holder: **Khamsy Bowles** Permit To Operate:
 Valid Not Valid

Phone: **530-925-5235** E-mail: **khamsybowles@yahoo.com**

Food Safety Certified Employee: **Diana Nicholas** Expiration Date: **02/2028**

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			<p>ROUTINE INSPECTION CONDUCTED ON THIS SITE</p> <p>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	<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"/>		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

Received By (Print): **Diana Nicholas** Received by (Signature): _____ Date: **11/1/2024**

REHS (Print): **Alexa Roche** REHS (Signature): _____ Phone: **530-841-2117**

Facility Name: Cedar Lanes

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

Received By (Print):
Diana Nicholas

Received by (Signature):

Date:
11/1/2024

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: Cedar Lanes

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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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