

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 | y Na | me: Higher Gr | ound | s Co | offee | Permit # 000862 | |
|---|----------|----------------------------|----------|---------|--------|---|--|
| Addre | SS: | 190 N Weed E | slvd, | CAS | 609 | 4 | |
| Permit Holder: Robert Tesch Permit To Operate: Valid Not Valid | | | | | | | |
| Phone | | 530-925-5823 | | | | E-mail: highergrounds28@gmail.com | |
| Food Safety Certified Employee: Expiration Date: | | | | | | | |
| | | 10. Older 40 | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | ROUTINE INSPECTION CONDUCTED ON THIS DATE | |
| | 2 | Prep./ Service | | | | ROUTINE INSPECTION CONDUCTED ON THIS DATE | |
| | 3 | Storage/ Disp. | | 1 | | | |
| | 4 | Frozen Food | | | | 20) Obtain Food Manager certificate within the next 60 days. All employees within 30 days of hire | |
| | 5 | Pure Food | | | | must obtain a Food Handlers card. | |
| otec | 6 | Reused Food | | | | | |
| ď | 7 | Transportation | | | | | |
| | 8 | Storage Fac. | | | | | |
| rage | 9 | Refrig. Units | 10 20 | | | | |
| Food Storage | 10 | Thermometer | | 2 | | | |
| poo | 11 | Hazardous Mat. | | | | | |
| ш | 12 | Spoils | | | | | |
| .d | 13 | Wash/ Sanitize | | | | | |
| Uten./Equip. | 14 | Equip. Condition | | | | | |
| ten./ | 15 | Utensil Condition | | | | | |
| 5 | 16 | Storage | | | | | |
| 0 | _ | Handwashing | | | | | |
| loye | | Employee Hygiene | | | | | |
| Employee | 1000 | Employee Habits | | | | | |
| | 100000 | Food Cert./ Card | | Х | | | |
| Water | _ | Water | - | | | | |
| 3 | 22 | Cross Con. | <u> </u> | 2 | | | |
| Waste | | Liquid Waste | <u> </u> | | | | |
| 3 | | Refuse | | | | | |
| Vermin | - | Rodents/ Insects | | | - | | |
| > | 1 1 | Animal/ Fowl | | | 0 0 | | |
| | 27 28 | Ventilation | | | | | |
| ties | - | | | |)) | | |
| Facilities | - | Floors Walls - Ceilings | | | | | |
| ш | - | Toilet Fac. | | - | - | | |
| | 32 | Janitorial Fac. | | | | | |
| | | Lighting | - | 3 | 2 | | |
| Misc. | 1 | Clothing - Linen | | | - | | |
| | - | Signs | | · · · · | | | |
| | | Misc. | | | | | |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | | | | | | | |
| Received By (Print): Received by (Signature): Date: | | | | | | | |
| REHS (Print): REHS (Signature): Phone: 53 | | | | | | REHS (Signature): Phone: 530-841-2112 | |

| Facility Name: | Higher Grounds Coffee | | | |
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| ele | ena fielder | | | |
| REHS (Print): | | REHS (Signature): | | Phone: |
| Alexa Ro | oche | | | 530-841-2112 |
| Page 2 | | | | |

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| REHS (Print): | REI | HS (Signature): | Phone: |
| Alexa R | oche | | 530-841-2112 |
| Page 3 | | | |

| The marked items represent Health Code violations and must be corrected as follows: The marked items represent Health Code violations and must be corrected as follows: Second By (Print): Becond By (Print): Becond By (Signature): Date: Becond By (Print): REHS (Signature): Page 4 | Facility Name: | Higher Grounds Coffee | |
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| Received by (Print): Reserved by (Signature): Date: elena fielder Date: REIS (Print): REIS (Signature): Phone: Alexa Roche Phone: S30-641-2112 | | The marked items represent Health Code violations and must be | corrected as follows: |
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