



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 Luminaire & The Alchemist Permit # 000457										
Address: 201 N Mount Shasta Blvd., Mount Shasta, CA 96069										
Permit Holder: The Luminaire & The Alchemist Permit To Operate: • Valid • Valid • Not Valid										
Phone:	5	30-926-2334				E-mail: The Luminaire & The Alchemist				
Food Safety Certified Employee: Erika Bruser Expiration Date: 06/2025										
MAJ OUT COS The marked items represent Health Code violations and must be corrected as fo										
-	1	Food Temp.		001	000					
emp	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
e/ T	3	Storage/ Disp.								
Protection Time/ Temp.	4	Frozen Food								
	5	Pure Food								
otec	6	Reused Food				13) Observed used dishes in the hand washing sink. This sink may only be utilized for				
Pro	7	Transportation				hand washing and be unobstructed at all times. Ensure to use the 3-compartment sink				
Carri	8	Storage Fac.				for all ware washing. Correct asap.				
rage	9	Refrig. Units	100 - 20		-					
Food Storage	10	Thermometer								
poo	11	Hazardous Mat.								
Œ	12	Spoils								
Ď.	13	Wash/ Sanitize		X						
Uten./Equip.	14	Equip. Condition								
en./	15	Utensil Condition								
รั	16	Storage								
Φ	17	Handwashing								
Employee	18	Employee Hygiene		3						
ldu	19	Employee Habits								
Е	20	Food Cert./ Card								
Water	21	Water								
	22	Cross Con.								
Waste	23	Liquid Waste								
447	24	Refuse								
Vermin	25	Rodents/ Insects								
Ve	26	Animal/ Fowl								
		Ventilation	Ш							
S	28	Doors	Ш							
Facilities		Floors	ш							
Fa	30	Walls - Ceilings		9	-					
		Toilet Fac.	Ш							
	32	Janitorial Fac.			-					
		Lighting								
Misc.	1	Clothing - Linen								
		Signs								
MA I -		Misc. or violation (VIT -	Out	of con	apliance COS = Corrected on-site				
			701 -	Out	JI CUII	ppliance COS = Corrected on-site Received by (Signature): Date:				
Received By (Print): Received by (Signature): Date: Emily Clarke 11/27/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2114										

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The marked items	s represent Health Code violations and must be co	rrected as follows:
	、	
Received By (Print):	Received by (Signature):	Date:
Emily Clarke	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11/27/2024
RFHS (Print)	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

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REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114

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