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: Seven Sons Coffee Permit # 000414										
Address: 1011 S Mount Shasta Blvd., Mount Shasta, CA										
Permit Holder: Anne Rivera Permit To Operate: O Valid O Not Valid										
Phone: 530-926-9701 E-mail: annerivera2164@vahoo.com										
Food Safety Certified Employee: Anne Rivera Expiration Date:										
		D 150 E								
e/ Temp.	1	Food Temp	MAJ	-	-	The marked items represent Health Code violations and must be corrected as follows.				
	Wass	No. 15-7-27 fel		^	\sim	ROUTINE INSPECTION CONDUCTED THIS DATE				
	1	Constitution State (State St.								
Lim		tale to the second				1. 2) Observed numerous foods held in deli-prep cooler measuring between 46-68				
Protection	- 200					degrees F. Hold all cold food at 41 degrees F. Out of temperature food voluntarily				
	6	Reused Food				discarded during inspection. 2nd Notice				
	7	Transportation								
Can	227.2					20) Facility does not have a current food manager certification. Obtain a new food				
ten./Equip. Food	9	Refrig. Units	96 - 35	3	-					
Sto	10	Thermometer				manager commonater mann or anyon zing mener				
poo	11	Hazardous Mat.								
ш	12	Spoils								
	13	Wash/ Sanitize			2					
	14	Equip. Condition								
ten./	15	Utensil Condition								
Ute	16	Storage								
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20 Food Cert./ Card X										
Permit Holder:										
Permit Holder Anne Rivera Anne Rivera Frood Safety Certified Employee: Anne Rivera MAJ OUT COS										
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		CONTRACTOR ACCUSATION AND COMMISSION	Н							
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/lisc										
-	and a									
MAJ =			UT =	Out	of com	ppliance COS = Corrected on-site				
Receive	d By	(Print): Anne R	ivera	Ě		Received by (Signature): Date: 12/04/2024				
REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-2114										

Facility Name:	Seven Sons Coffee	
	The marked items represent Health Code violations and must be corrected	ed as follows:
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Described Described Co.	Despited by (Canalina)	Deti
Received By (Print): An	Received by (Signature): nne Rivera	Date: 12/04/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Seven Sons Coffee		
	The marked items represent H	ealth Code violations and must be corrected as follo	ws:
		×	
Received By (Print):	Reco e Rivera	eived by (Signature):	Date: 12/04/2024
REHS (Print): Rick Flo	REI rendo	HS (Signature):	Phone: 530-841-2114

530-841-2114

Facility Name:	Seven Sons Coffee	
	The marked items represent Health Code violations and must be corrected as	follows:
Descrived Dr. (Date)	Booking by (Canatura)	Data
	ne Rivera	Date: 12/04/2024
REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114

530-841-2114