## 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: Hearthmother Goods Permit # 001073										
Addres	S:	4306 Pioneer	Way	, Du	nsmı					
Permit Holder: Permit To Operate:										
Dhone		Laurel Bett	inge	r		E-mail: hearthmethergoods@gmail.com				
550-659-2567 Heartimothergoods@gmail.com										
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.				ROUTINE INSPECTION CONDUCTED THIS DATE				
	2	Prep./ Service				ROOTINE INOI ECTION CONDUCTED THIS DATE				
	100	Storage/ Disp.								
	200	Frozen Food				All for all boundings in a self-ford and a self-ford				
ectic	18550	Pure Food				All food handling is satisfactory at present time.				
Prote	_	Reused Food			-					
	9312	Transportation								
age	_	Storage Fac.	- 20		-	20) Obtain a food manager certification within 60 days.				
Food Storage	Section 2	Refrig. Units Thermometer			X.					
S po				3	0					
Po		Hazardous Mat. Spoils								
		Wash/ Sanitize		3	8					
Uten./Equip.	27.7.2	Equip. Condition								
n./E		Utensil Condition								
Ute		Storage								
d)	_	Handwashing								
эуе		Employee Hygiene								
Employee	19	Employee Habits		3						
	20	Food Cert./ Card		X						
Water	21	Water								
W	22	Cross Con.								
Waste	_	Liquid Waste								
M		Refuse								
Vermin	10000	Rodents/ Insects								
Ve		Animal/ Fowl			8					
	-	Ventilation	Ш							
se	3 3	Doors			0					
Facilities		Floors	Н							
F	-	Walls - Ceilings	Н							
		Toilet Fac.  Janitorial Fac.	Н							
	_	Lighting Clothing - Linen	Н							
Misc.	_	Signs								
Σ										
36 Misc.										
Received By (Print): Received by (Signature): Date:  Laurel Bettinger 12/05/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2114										

Facility Name:	Hearthmother Goods	
	The marked items represent Health Code violations and must be corrected a	s follows:
Received By (Print):	Received by (Signature):	Date:
Lau	rel Bettinger	12/05/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name: Hearthmother G	oods	
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•		
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Laurel Bettinger	, , ,	12/05/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Hearthmother Goods								
	The marked items represent Health Code violations and must be corre	cted as follows:							
Descrived Dr. (Date)	Despired by (Cignatura)	Deter							
	urel Bettinger	Date: 12/05/2024							
REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114							

530-841-2114