



### 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: <b>Carter's Sweets &amp; Eats</b>	Permit # <b>000738</b>
Address: <b>316 W. Miner St., Yreka, CA 96097</b>	
Permit Holder: <b>Veronica Carter</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>530-643-9697</b>	E-mail: <b>vkcarter22@gmail.com</b>
Food Safety Certified Employee: <b>Virginia Carter</b>	Expiration Date: <b>11/2029</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	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		X	
	14	Equip. Condition		X	
	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			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings		X	
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

**ROUTINE INSPECTION CONDUCTED THIS DATE**

13) Observed 400ppm QAC in a working spray bottle. Ensure sanitizer has a concentration of 200ppm QAC or 100ppm chlorine. Utilize test strips to measure sanitizer concentration before use or stored in spray bottle. Correct asap.

14) Observed a new Vevor reach-in refrigerator in the facility that was not approved by the department. Ensure all new and replaced equipment in facility are pre-approved and ANSI certified. Provide cut sheet of equipment to be evaluated and approved, immediately.

NOTE: Provided business card.

14) Observed a deli-prep cooler stored in the facility accessible to consumer. Protect food and equipment from possible sources contamination. Ensure the consumers' route of access is at least 3ft from equipment or food prep area. Repair or correct immediately.

30) Observed stripped paint on walls where previous menu board was location. Ensure walls are finished to be smooth, cleanable, nonabsorbent, and durable. Repair or correct within 90 days.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Virginia Carter</b>	Received by (Signature): _____ Date: <b>01/09/2024</b>
REHS (Print): <b>Chalyn Dewey</b>	REHS (Signature): _____ Phone: <b>530-841-2112</b>

**Facility Name:** Carter's Sweets & Eats

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

Empty space for listing health code violations and correction details.

Received By (Print): Virginia Carter	Received by (Signature):	Date: 01/09/2024
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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