Food Program Official Inspection Report



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

						prione: (530) 641-2100, fax: (530) 641-4076				
Facility	Na	me: Menotti's M	Mark	et			Permit # 000968			
Addres	SS:	15508 Hornbro	ook l	Rd.,	Horn	ibrook, CA				
Permit	Hol	der: Anael Guill	ermi	in			Permit To Operate: Valid			
Phone										
Food S	Safe	ty Certified Employ	ee: N	V/A			Expiration Date:			
				OUT	cos	The marked items represent Health Code violations and n	oust be corrected as follows:			
Address: Permit H Phone: Food Sar	1	Food Temp.	IVII (O	001	000	The marked terms represent reductions and m	last be corrected as follows:			
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED T	HIS DATE			
E/T	3	Storage/ Disp.								
<u>ii</u>	4	Frozen Food				8) 2ND NOTICE - Observed (human and animal) foods, chemicals, and chest freeer				
uoi	5	Pure Food				stored in employee's break room. This area is not an approved location for storage. Discontinue storing food and equipment in this room. Move items and equipment into the				
tect	6	Reused Food		-						
Address: Permit Ho Phone: Food Safe Permit Ho Phone: Food Safe 1	7	Transportation			-	approved area of the market immediately.				
	-	Storage Fac.		X		ON OND MOTIOE OF THE PARTY OF	CONTRACTOR TO SERVICE OF A			
Address Permit H Phone: Food Storage		Refrig. Units	- iii - iii	^		26) 2ND NOTICE - Observed a dog in the employee's b allowed in a food facility or food storage area. Corrected				
	Name of Street	Thermometer				allowed in a food facility of food storage area. Corrected	Torisite.			
	3 3	Hazardous Mat.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	A REINSPECTION FEE WILL BE ASSESSED FOR REPEAT NON-COMPLIANCE.				
P	22.02	Spoils								
2		Wash/ Sanitize			9					
Æquip.	J. 19 19 19 19 19 19 19 19 19 19 19 19 19	Equip. Condition				NOTE: 1) As noted on 10/02/2024 inspection report, observed a private home on the prer of the food facility. As stated, living or sleeping quarters shall be separated from f				
n./Ē	- 0	Utensil Condition								
Ute	,57000	Storage					a private home on the premises			
	57000	Handwashing			2					
уее	12.19	Employee Hygiene				facility by complete partitioning. In addition, no door or other opening shall be				
nployee	Section 1	Employee Habits				in the partition that separates the food facility from private living quarters. This				
늅		Food Cert./ Card				observation has not been resolved. Submit plans to sep				
Permit Hol Phone: 5 Food Safet Food Safet 1	tings:	Water				quarters for review. Until plans are reviewed and approvinto the facility (ie employee's break room).	red, lock door to prevent access			
	Cross Con.				into the facility (le employee's break 100m).					
<u>e</u>		Liquid Waste				2) Facility would like to convert employees' break room	into food storage area. This			
Vasi	CHAPT.	Refuse				change or increase to operation may require a plan che				
Permin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.		Rodents/ Insects			-	review process. Contact the department when facility is				
/erm		Animal/ Fowl		×	×	any construction until plan approval has been finalized.				
_		Ventilation		^	^	3) Before purchasing new or replace equipment, please	submit spec sheet for pre-			
NEW COLUMN	DOM: N	Doors				approval prior to purchase and installation.				
ities	8 8	Floors			0					
Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	No.	Walls - Ceilings								
		Toilet Fac.			2					
		Janitorial Fac.								
		Lighting			2					
		Clothing - Linen								
/lisc	- 25	Signs								
~	200000	Misc.								
MAJ =			UT =	Out	of com	ppliance COS = Corrected on-site				
						Received by (Signature):	Date: 01/23/2025			
REHS (Print): REHS (Signature): Phone: 530-841-2112										

Facility Name:	Menotti's Market	
	The marked items represent Health Code violations and	must be corrected as follows:
Received By (Print): An	Received by (Signature): aael Guillermin	Date: 01/23/2025
REHS (Print):	REHS (Signature):	Phone:
Chalyn D	Dewey	530-841-2112

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	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print): Anae	Received by (Signature): Date of Guillermin	e: 01/23/2025
REHS (Print): Chalyn D	REHS (Signature): Pho Dewey 5	one: 30-841-2112

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Described Div (D. 1. 6)	Danahad ha (O'mar)	٥):	lata.
	Received by (Signatur nel Guillermin		ate: 01/23/2025
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