## LASSEN COUNTY ENVIRONMENTAL HEALTH DIVISION

707 Nevada Street Suite 5, Susanville, CA 96130 Phone: (530) 251-8269 Fax: (530) 251-8373

## **Cottage Food Operation Official Inspection Report**

| DBA/Name: Jan's Sterra Gold English Toffee Date: 1/31/24 Time: 10: 10 am Address: 460-105 Lakecors & Pal, Janesville CA Recheck Date:                                                                        |          |                  |              |            |         |                                                         |          |                      |             |       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|--------------|------------|---------|---------------------------------------------------------|----------|----------------------|-------------|-------|--|
| Address: 460-105 / Necrost Day Yours ville CA Recheck Date:                                                                                                                                                  |          |                  |              |            |         |                                                         |          |                      |             |       |  |
| Owner/Operator: Sanderson Violation Correction Date:                                                                                                                                                         |          |                  |              |            |         |                                                         |          |                      |             |       |  |
|                                                                                                                                                                                                              |          |                  |              |            |         |                                                         |          |                      |             |       |  |
| ☐ Class A ☑ Class B Facility #: //3        □ Complaint □ Reinspection                                                                                                                                        |          |                  |              |            |         |                                                         |          | ☐ Initial Inspection |             |       |  |
| Violations pose a threat to public health and must be                                                                                                                                                        |          |                  |              |            |         |                                                         |          |                      | . See re    | verse |  |
| side for the California Retail Food Code sections and general requirements that correspond to each violation listed below  IN – In Compliance OUT – Out of Compliance N/A – Not Applicable N/O– Not Observed |          |                  |              |            |         |                                                         |          |                      |             |       |  |
| Demonstration of Knowledge                                                                                                                                                                                   | IN IN    | OUT              | N/A          | N/O        |         | ility Requirements                                      | IN       | OUT                  | N/A         | N/O   |  |
| 1a. Self-certification checklist submitted (Class A)                                                                                                                                                         |          | 10 mm            |              |            |         | Adequate storage for food and related                   | 2.41     | 1                    | 11.00000000 |       |  |
| 1b. Food processor course complete                                                                                                                                                                           | <b>V</b> |                  |              |            |         | equipment                                               | <b>/</b> |                      |             |       |  |
| Employee Health & Hygiene Practices                                                                                                                                                                          |          | Barrier Live     | 574810       | ar all     | -       | Food preparation occurs in private kitchen              | /        |                      |             |       |  |
| 2a. No ill employees or workers                                                                                                                                                                              | /        |                  | S. 0 24 E.S. | SAULIONINA |         | of CFO                                                  | V        |                      |             |       |  |
| 2b. No smoking in CFO                                                                                                                                                                                        | V        |                  |              |            | 7c.     | 7c. CFO located in private dwelling /operator residence |          |                      |             |       |  |
| 2c. Employees shall not contaminate food                                                                                                                                                                     | /        |                  |              |            |         |                                                         |          |                      |             |       |  |
| Prevent Contamination by Hands                                                                                                                                                                               |          |                  |              |            | Lab     | eling                                                   |          |                      |             |       |  |
| 3a. Hand washing station stocked and available                                                                                                                                                               | V        | 1                |              |            | 8a.     | "Made in a Home Kitchen" on package                     | /        | 0                    |             |       |  |
| 3b. Hands washed prior to food preparation                                                                                                                                                                   | V        |                  |              |            | 8b.     | Common name of product on package                       | V        |                      |             |       |  |
| 3c. Proper glove use                                                                                                                                                                                         |          |                  |              | V          | 8c.     | Name of CFO on package                                  | V        | /                    |             |       |  |
| Approved food item                                                                                                                                                                                           |          | /                |              |            | 8d.     | Ingredients listed on package                           | V        | -                    |             |       |  |
| Food prepared from approved food list only                                                                                                                                                                   | 1        |                  |              |            | 8e.     | Registration or permit number on package                | V        |                      |             |       |  |
| Water                                                                                                                                                                                                        |          | /                |              |            | Ver     | min                                                     |          |                      |             |       |  |
| 5. Potable water source                                                                                                                                                                                      |          |                  |              |            | 9. 1    | No rodents, insects or animals within CFO               |          |                      |             | /     |  |
| Protection from Contamination                                                                                                                                                                                | Sich     | Language Control | 45.208       |            |         | mpliance and Enforcement                                | 120      |                      |             |       |  |
| 6a. Food free from contamination and adulteration                                                                                                                                                            | /        |                  |              |            | 1000000 | i. CFO operating with valid permit or istration         | <b>V</b> |                      |             |       |  |
| 6b. Kitchen equipment and utensils clean and in                                                                                                                                                              | ./       |                  |              |            | 10b     | Approved direct sales to consumers                      | V        | -                    |             |       |  |
| good repair                                                                                                                                                                                                  | V /      |                  |              |            | 100     | . Approved indirect sales in county of origin           | <b>V</b> |                      |             |       |  |
| 6c. Food contact surfaces are cleaned and                                                                                                                                                                    | /        |                  |              |            | 10d     | I. Approved number of employees                         | V        |                      |             |       |  |
| sanitized                                                                                                                                                                                                    | _        |                  |              |            | 10e     | e. Meets gross sales requirements                       |          |                      |             | /     |  |
| 6e. No infants, small children, or pets in kitchen                                                                                                                                                           |          |                  |              | ./         | Oth     | ner:                                                    |          |                      |             |       |  |
| during CFO hours                                                                                                                                                                                             |          |                  |              |            |         |                                                         |          |                      |             |       |  |
| tho Temp: 124°F                                                                                                                                                                                              |          |                  |              |            |         |                                                         |          |                      |             |       |  |
|                                                                                                                                                                                                              |          |                  |              |            |         |                                                         |          |                      |             |       |  |
| 211                                                                                                                                                                                                          | 1        |                  |              |            |         | A 12                                                    |          |                      |             |       |  |
| "No videtions noted at the of inspection"                                                                                                                                                                    |          |                  |              |            |         |                                                         |          |                      |             |       |  |
|                                                                                                                                                                                                              |          |                  |              |            |         |                                                         |          |                      |             |       |  |
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|                                                                                                                                                                                                              |          |                  | -            |            |         |                                                         |          |                      |             |       |  |
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Environmental Health Specialist

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