

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: Butte Valley Community Center Permit # 000170								
Addres	ss:	52900 Hwy 97	-					
Permit Holder: Dorris Lions Club Permit To Operate: Valid Not Valid								
Phone	: Ę	530-397-5466				E-mail: dorrislionsclub@gmail.com		
Food S		ty Certified Employ	yee:			Expiration Date:		
				OUT	200			
	1	Food Temp.	MAJ	OUT	COS		_	
Protection Time/ Temp.	-	Prep./ Service	+-	\vdash		ROUTINE INSPECTION CONDUCTED ON THIS DATE		
»/ Te	-	Storage/ Disp.	+-	$\vdash \vdash$	$\vdash \vdash \vdash$	20) Facility is instructed to renew or receive Food Manager certification within the next 90 days.		
Time	-	Frozen Food	+-	$\vdash\vdash\vdash$	$\vdash \vdash$	20) (40) (1		
on J		Pure Food	+-	\vdash		13) Observed dishwasher without sanitizer. Utilize 3-compartment sink for sanitizing cooking		
tecti	-	Reused Food	+-	$\vdash\vdash\vdash$	$\vdash \vdash$	wares. Corrected on-site.		
Prof	\vdash	Transportation	+-	$\vdash\vdash\vdash$	$\vdash \vdash$			
		Storage Fac.	+-	\vdash	$\vdash\vdash\vdash$			
age.	-	Refrig. Units	+-	$\vdash\vdash$	$\vdash\vdash$			
Food Storage	-	Thermometer	+-	╀	$\vdash\vdash\vdash$			
s po	\vdash		+-	\vdash	$\vdash\vdash\vdash$			
Ŗ	-	Hazardous Mat. Spoils	+-	$\vdash\vdash\vdash$	\vdash			
		Wash/ Sanitize	+-	X	X			
Uten./Equip.	\vdash	Equip. Condition	+-					
n./Ē	-	Utensil Condition	+-	$\vdash\vdash$	$\vdash\vdash$			
Uter	\vdash	Storage	+-	\vdash	$\vdash\vdash\vdash$			
			+-	\vdash	$\vdash\vdash\vdash$			
уее	_	Handwashing Employee Hygiene	+-	\vdash	$\vdash\vdash\vdash$			
Employee		Employee Habits	+-	$\vdash \vdash$	$\vdash \vdash \vdash$			
Επ	-	Food Cert./ Card	+-	X				
<u></u>		Water	+-		\vdash			
Water	-	Cross Con.	+-	\vdash	$\vdash \vdash$			
		Liquid Waste	+-	\vdash				
Waste	-	Refuse	+-	\vdash				
<u>></u>		Rodents/ Insects	+-	$\vdash \vdash \vdash$	$\vdash \vdash$			
Vermin	-	Animal/ Fowl	+-	\vdash	$\vdash \vdash$			
		Ventilation	+	\vdash	$\vdash\vdash\vdash$			
	-	Doors						
ities	-	Floors	+	\vdash	$\vdash\vdash\vdash$			
Facilities		Walls - Ceilings		\vdash				
ш		Toilet Fac.						
	-	Janitorial Fac.		\vdash	$\vdash \vdash$			
	_	Lighting		\vdash	$\vdash \vdash$			
	-	Clothing - Linen			$\vdash \vdash$			
Misc.		Signs		\vdash				
2		Misc.		\vdash	\vdash			
MAJ =			 = TUC	Out o	of con	Inpliance COS = Corrected on-site		
Received By (Print): Received by (Signature): Date: Rebecca Broomell 8/31/2023								
REHS (Print	Alexa Roche	—— е			REHS (Signature): Phone: 530-841-2117		

Facility Name:	Butte Valley Community Center	
	The marked items represent Health Code violations and must be corn	rected as follows:
Received By (Print):	Received by (Signature):	Date: 8/31/2023
REHS (Print):	becca Broomell REHS (Signature):	0/3 1/2023 Phone:

530-841-2117

Alexa Roche

Facility Name: But	tte Valley Community Center	
Т	The marked items represent Health Code violations and must be	e corrected as follows:
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Rebecca	a Broomell	8/31/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name: E	Butte Valley Community Center	
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REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche