

## **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 Elementary Permit # 000171											
Addres	ss:	615 W Third S									
Permit	Permit To Operate:  Butte Valley Elementary  Permit To Operate:  O Valid  Not Valid								Operate:  Not Valid		
Phone											
Food S	Safe	ty Certified Employ	/ee: c	Soled	lad C	Gonzalez		Expiration	Date: 11/2027		
MAJ OUT COS							The marked items represent Health Code violations and	e marked items represent Health Code violations and must be corrected as follows:			
o.	1	Food Temp.					ROUTINE INSPECTION CONDUCTED OF				
eml	2	Prep./ Service					TOOTING ING! CONTROL CONTROL CONTROL	7 11110 27112			
Ie/ T	3	Storage/ Disp.									
Protection Time/ Temp.	4	Frozen Food					SATISFACTORY AT PRESENT TIME				
	5	Pure Food									
	6	Reused Food									
	7	Transportation									
ø.	8	Storage Fac.									
Food Storage	9	Refrig. Units									
Sto	10	Thermometer									
poo	11	Hazardous Mat.									
ĬĹ.	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
	15	Utensil Condition									
Ť	16	Storage									
d)	17	Handwashing									
Employee	18	Employee Hygiene									
mpl	19	Employee Habits									
Ш	20	Food Cert./ Card									
Water	21	Water									
	22	Cross Con.									
Waste	23	Liquid Waste									
Wa	24	Refuse									
Vermin	25	Rodents/ Insects									
Ver	26	Animal/ Fowl									
	27	Ventilation									
S	28	Doors									
Facilities	29	Floors									
Fас	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
ij	34	Clothing - Linen									
	35	Signs									
		Misc.									
			DUT =	Out c	of com	pliance	COS = Corrected on-site				
Received By (Print): Received by (Signature): Date:  Destiny Campbell Received by (Signature): Date:  11/2/2023											
REHS (Print): REHS (Signature): Phone:  Alexa Roche 530-841-2117											

Facility Name:	Butte Valley Elementary	
	The marked items represent Health Code violations and must be corrected a	as follows:
	· ·	
Received By (Print): De	Received by (Signature): estiny Campbell	Date: 11/2/2023
REHS (Print): Alexa Ro	REHS (Signature):	Phone: 530-841-2117

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Desti	ny Campbell	11/2/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Butte Valley Elemer	itary	
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	stiny Campbell	2510 (0)	11/2/2023
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117