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

acinty	y Na	^{me:} Bogus Ele	men	tary			Permit # (000116			
Address: 13735 Ager Beswick Rd, Montague CA											
Permit	Permit Holder: Permit To Operate:										
	Bogus Elementary O Not Valid Not Valid										
Phone	Phone: 530-459-3163 E-mail: esalvestro@sisnet.ssku.k12.ca.us										
Food S	Safe	ty Certified Employ	ee:				Expiration	Date:			
			MAJ	OUT	COS	The marked items represent Health Code violations and mus	st be corrected	as follows:			
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE					
		Prep./ Service									
	3	Storage/ Disp.									
	4	Frozen Food				20) Obtain Food Manager Certification within the next 60 days.					
	5	Pure Food									
	6	Reused Food									
	7	Transportation									
Food Storage	8	Storage Fac.									
	9	Refrig. Units									
	10	Thermometer									
000	11	Hazardous Mat.									
ш	12	Spoils									
ip.	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
ten.	15	Utensil Condition									
		Storage									
e		Handwashing									
Employee	-	Employee Hygiene									
Emp	-	Employee Habits									
	-	Food Cert./ Card		Х							
Water	-	Water									
	-										
Waste	-	Liquid Waste Refuse									
	-	Rodents/ Insects									
Vermin	-	Animal/ Fowl									
>		Ventilation									
	-	Doors									
Facilities		Floors									
-acil	-	Walls - Ceilings									
L	-	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
പ		Clothing - Linen									
Misc.	35	Signs									
	36	Misc.									
)UT =	Out c	f con	pliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date: Diane Lemke 11/7/2023						7/2023					
REHS (Print): REHS (Signature): Phone: 530-841-2117						0-841-2117					

Facility Name:	Bogus Elementary	
	The marked items represent Health Code violations and must be corrected	d as follows:
	ι,	
Received By (Print):	Received by (Signature):	Date:
Di	iane Lemke	11/7/2023
REHS (Print):	REHS (Signature):	Phone:
Alexa Ro	oche	530-841-2117
Page 2		

Facility Name:	Bogus Elementary	
	The marked items represent Health Code violations and must be corrected as follows:	
	х х	
Received By (Print):	Received by (Signature):	ate:
Diar	ine Lemke	11/7/2023
REHS (Print):		none:
Alexa R	Roche Roche	530-841-2117
Page 3		

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		x		
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Dia	ne Lemke	Received by (Digitatore).	11/7/2023	
REHS (Print):		REHS (Signature):	Phone:	
Alexa Ro	oche		530-841-2117	
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