



### 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: <b>Liquor and Grocery Warehouse</b>	Permit # <b>000298</b>
Address: <b>109 S Pinse St Dorris CA 96023</b>	
Permit Holder: <b>Kartar Singh</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-216-0511</b>	E-mail:
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS		
					The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>5) Observed 8 items of baby food on the shelf expired. Baby food is federally regulated and has a specific date to discard after expiration date. Employees on-site pulled the expired food off the shelf, corrected on-site.</p> <p>20) Obtain Food Manager Certification for the meat packaging within the next 60 days.</p>	
	2	Prep./ Service				
	3	Storage/ Disp.				
	4	Frozen Food				
	5	Pure Food		X		X
	6	Reused Food				
	7	Transportation				
Food Storage	8	Storage Fac.				
	9	Refrig. Units				
	10	Thermometer				
	11	Hazardous Mat.				
Uten./Equip.	12	Spoils				
	13	Wash/ Sanitize				
	14	Equip. Condition				
	15	Utensil Condition				
Employee	16	Storage				
	17	Handwashing				
	18	Employee Hygiene				
	19	Employee Habits				
Water	20	Food Cert./ Card		X		
	21	Water				
Waste	22	Cross Con.				
	23	Liquid Waste				
Vermin	24	Refuse				
	25	Rodents/ Insects				
Facilities	26	Animal/ Fowl				
	27	Ventilation				
	28	Doors				
	29	Floors				
	30	Walls - Ceilings				
	31	Toilet Fac.				
	32	Janitorial Fac.				
Misc.	33	Lighting				
	34	Clothing - Linen				
	35	Signs				
	36	Misc.				

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Narinder dhindsa</b> Received by (Signature): _____      Date: <b>12/22/2023</b>
REHS (Print): <b>Alexa Roche</b> REHS (Signature): _____      Phone: <b>530-841-2117</b>

**Facility Name:** Liquor and Grocery Warehouse

The marked items represent Health Code violations and must be corrected as follows:

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Received by (Signature):

Date:  
12/22/2023

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Alexa Roche

REHS (Signature):

Phone:  
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