

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: Primo Liquor Barn 000379 | | | | | | | | |
|--|--|-------------------|-----|-----|-----|---|--|--|
| Address: 237 Main St Dorris CA | | | | | | | | |
| Permit | Permit Holder: Manjeet More | | | | | | | |
| Phone: 530-397-7466 E-mail: | | | | | | | | |
| Food S | 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. | | | | ROUTINE RE-INSPECTION CONDUCTED ON THIS DATE | | |
| | 2 | Prep./ Service | | | | | | |
| | 3 | Storage/ Disp. | | | | 17) FOLLOW-UP INSPECTION: Observed the bathroom without hot water, while other | | |
| | 4 | Frozen Food | | | | handwashing sinks in the facility had it available. The facility is no longer prepping food and is only | | |
| tion | 5 | Pure Food | | | | selling pre-packaged food items. Restrooms are required to supply warm running water at all times This facility has 14 days to either repair or replace sink the bathroom. | | |
| otec | 6 | Reused Food | | | | | | |
| Pre | 7 | Transportation | | | | | | |
| | 8 | Storage Fac. | | | | | | |
| age | 9 | Refrig. Units | | | | | | |
| Food Storage | 10 | Thermometer | - | - | | | | |
| poo | | Hazardous Mat. | | | | | | |
| ц | | Spoils | | | | | | |
| ö | - | Wash/ Sanitize | | | | | | |
| Uten./Equip. | - | Equip. Condition | | | | | | |
| n./E | | Utensil Condition | | | | | | |
| Ute | | Storage | | | | | | |
| | | Handwashing | | | | | | |
| yee | - | Employee Hygiene | | | | | | |
| Employee | | Employee Habits | | | | | | |
| ш | | Food Cert./ Card | | | | | | |
| P | - | Water | | | | | | |
| Water | - | Cross Con. | | | | | | |
| te | | Liquid Waste | | | | | | |
| Waste | - | Refuse | | | | | | |
| | | Rodents/ Insects | | | | | | |
| Vermin | | Animal/ Fowl | | | | | | |
| — | 27 | Ventilation | | | | | | |
| | | Doors | | | | | | |
| ities | | Floors | | | | | | |
| Facilities | - | Walls - Ceilings | H | | | | | |
| | 31 | Toilet Fac. | H | | | | | |
| | 32 | Janitorial Fac. | H | | | | | |
| | | Lighting | | | | | | |
| Misc. | | Clothing - Linen | H | | | | | |
| | | Signs | | | | | | |
| | | | | | | | | |
| 36 Misc. MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | | | | | | apliance COS = Corrected on-site | | |
| Received By (Print): Received by (Signature): Date: | | | | | | | | |
| REHS (Print): REHS (Signature): Phone: | | | | | | REHS (Signature): Phone: 530-841-2117 | | |
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| | The marked Items repres | ent Health Code violations and mu | st de corrected as follow | S: |
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| Lia | ana Alexander | | | 12/22/2023 |
| REHS (Print): | | REHS (Signature): | | Phone: |
| Alexa Ro Page 2 | | | | 530-841-2117 |

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| REHS (Print): | REHS (Signature): | Phone: |
| Alexa R | oche | 530-841-2117 |
| Page 3 | | |

| Received By (Print): Received by (Signature): Date: Liana Alexander 12/22/2023 Refers (Print): Refers (Signature): Date: Alexa Roche Refers (Suprature): Proces | Facility Name: | Primo Liquor Barn | | | |
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| Alexa Roche 530-841-2117 | | | REHS (Signature): | I | |
| Page 4 | Alexa Ro | oche | · · · / | | |