## **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	Na	me: Butte Valle	еу С	omn	nunit	y Center - Senior Meals Program				
Addres	S:	52900 Hwy 97	, Doi	rris C	CA					
Permit	Hol	der:	- 01			Permit To Operate:				
Phone: 530-397-5466										
Food Safety Certified Employee: Kris Wright    MAJ OUT   Cos   The marked items represent Health Code violations and must be corrected as follows:   AB										
Food S										
			MAJ	OUT	cos					
Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE				
	100	100 100 100 100 100 100 100 100 100 100								
me/	200	200 1500 XII								
n Ti	. 28					13) Observed dishwasher without sanitizer. Utilize 3-compartment sink for sanitizing				
Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	TOTAL STATE	Total Total Til								
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ge	_	25.30	-23 - 23							
tora	Toward Co.									
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yee		the control of the co								
nplc	19	Employee Habits								
Ü	20	Food Cert./ Card								
iter	21	Water								
Water	22	Cross Con.								
	23	Liquid Waste								
1.0	24	Refuse								
min		Rodents/ Insects								
Ver	26	Animal/ Fowl		-	0					
Vermin Waste	27	Ventilation								
S	28	Doors			0					
cilitie		Floors								
Fa	30	Walls - Ceilings								
		Toilet Fac.	Ш							
		Lighting								
Misc.	1000	Clothing - Linen								
		Signs								
MAL		Misc.	NIT :	Cut	of occ	poliones COS - Corrected on site				
			101 =	Out (	or con	npliance COS = Corrected on-site  Received by (Signature): Date:				
Received By (Print): Received by (Signature): Date:  Kris Wright 12/19/2024										
REHS (	Print	Alexa Roche	)			REHS (Signature): Phone: 530-841-2117				

Facility Name:	Butte Valley Community Center - Senior Meals Program	
	The marked items represent Health Code violations and must be corrected as follows:	DWS:
	· ·	
Received By (Print):	Received by (Signature):	Date:
Kr	ris Wright	12/19/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name: Butte Valley Community Center - Senior Meals Program				
	The marked items represent Health Code violations and must be corrected	as follows:		
Received By (Print):	Received by (Signature): Wright	Date: 12/19/2024		
REHS (Print):	REHS (Signature):	Phone:		

530-841-2117

Alexa Roche

Facility Name:	Butte Valley Community Cer	ter - Senior Meals Program	
	The marked items represent h	Health Code violations and must be corrected as foll	ows:
	Wright	ceived by (Signature):	Date: 12/19/2024
REHS (Print): Alexa Ro	RI	EHS (Signature):	Phone: 530-841-2117