



## 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>El Mana 2, LLC</b>		Permit # <b>001137</b>					
Address: <b>52900 Hwy 97 Dorris CA 96023</b>							
Permit Holder: <b>Dorris Lions Club</b>		Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid					
Phone: <b>530-397-5466</b>		E-mail: <b>Leahliam22@icloud.com</b>					
Food Safety Certified Employee:		Expiration Date:					
The marked items represent Health Code violations and must be corrected as follows:							
Protection Time/ Temp.	1	Food Temp.	MAJ	OUT	COS	<p style="text-align: center; font-weight: bold; font-size: 1.2em;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>13) Observed dishwasher without sanitizer. Utilize 3-compartment sink for sanitizing cooking wares until repairs have been made. Repair or replace as soon as possible.</p> <p>NOTE: This inspection was conducted unnaounced, and El Mana is not currently operating in the kitchen.</p>	
	2	Prep./ Service					
	3	Storage/ Disp.					
	Food Storage	4	Frozen Food				
		5	Pure Food				
		6	Reused Food				
		7	Transportation				
8		Storage Fac.					
Food Storage	9	Refrig. Units					
	10	Thermometer					
	11	Hazardous Mat.					
	12	Spoils					
Uten./Equip.	13	Wash/ Sanitize					
	14	Equip. Condition					
	15	Utensil Condition					
	16	Storage					
Employee	17	Handwashing					
	18	Employee Hygiene					
	19	Employee Habits					
	20	Food Cert./ Card					
Water	21	Water					
	22	Cross Con.					
Waste	23	Liquid Waste					
	24	Refuse					
Vermin	25	Rodents/ Insects					
	26	Animal/ Fowl					
Facilities	27	Ventilation					
	28	Doors					
	29	Floors					
	30	Walls - Ceilings					
	31	Toilet Fac.					
	32	Janitorial Fac.					
	33	Lighting					
Misc.	34	Clothing - Linen					
	35	Signs					
	36	Misc.					

MAJ = Major violation      OUT = Out of compliance      COS = Corrected on-site

Received By (Print): <b>Rosio Hernandez</b>		Received by (Signature):		Date: <b>12/19/2024</b>
REHS (Print): <b>Alexa Roche</b>		REHS (Signature):		Phone: <b>530-841-2117</b>

**Facility Name:** El Mana 2, LLC

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

Received By (Print): Rosio Hernandez	Received by (Signature):	Date: 12/19/2024
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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