

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: Senor Tequila Bar 000412							^{Permit #} 000412		
Address: 337 Main Street Tulelake									
Permit Holder: Permit To Operate: Not Valid Not Valid									
Phone	Phone: 530-667-4201 E-mail: rogervillalpando@gmail.com								
Food S	Food Safety Certified Employee: Roger Villalpando Expiration Date: 03/2029								
		163 CONT 9	MAJ	-		alpando	The marked item	ns represent Health Code violat	ons and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.	WING	001	000	-			
	2	Prep./ Service	-				COMPLA	INT INSPECTION CON	DUCTED ON THIS DATE
	3	Storage/ Disp.			-				
	4	Frozen Food	-	-					
	5	Pure Food	-	1	C			SATISFACTORY AT PF	ESENT TIME
	6	Reused Food							
	7	Transportation			5				
	8	Storage Fac.							
rage	9	Refrig. Units	1 - 10 20		-				
Food Storage	10	Thermometer							
	11	Hazardous Mat.			0				
щ	12	Spoils							
ġ	13	Wash/ Sanitize			0				
Uten./Equip.	14	Equip. Condition			-				
en./	15	Utensil Condition							
Ę	16	Storage			-				
Φ	17	Handwashing							
oye	18	Employee Hygiene	1						
Employee	_	Employee Habits							
	20	Food Cert./ Card							
Water	_	Water							
3	22								
Waste	_	Liquid Waste	_						
Š		Refuse	_		-				
Vermin	_	Rodents/ Insects	_						
Ve		Animal/ Fowl	-		8 0				
	27								
es	-	Doors	_		s				
Facilities	29		_						
ш	-	Walls - Ceilings	-						
	_								
	32	Janitorial Fac.	-						
		Lighting Clothing - Linen	-						
Misc.			-						
2		Signs	-		-				
MAJ =		Misc. or violation	OUT =	Out o	of com	pliance	COS = Corrected	on-site	
		y (Print):				 Annual Contraction 	Received by (Signat		Date:
		Roger	Villal	pand	0				12/19/2024
REHS (Print): Alexa Roche REHS (Signature): Phone: 530-841-2117									

Facility Name:	Senor Tequila Bar			
	Contor Toquila Bar	name and the state Or device being		
	The marked items	represent Health Code violations	and must be corrected as follows	:
		с.		
Received By (Print):		Received by (Signature):	[Date:
	oger Villalpando			12/19/2024
REHS (Print): Alexa Ro	oche	REHS (Signature):	F	^o hone: 530-841-2117
Dama 0	-			

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	The marked items represent Health	Code violations and must be corrected as fo	llows:
Received By (Print): Roa	Received b er Villalpando	by (Signature):	Date: 12/19/2024
REHS (Print):	REHS (Si	anature):	Phone:
Alexa R	oche	g. (2007).	530-841-2117
Page 3			

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	Senor Tequila Bar	
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Received By (Print):	Received by (Signature):	Pate:
Roę	ger Villalpando	12/19/2024
REHS (Print):	REHS (Signature):	
Alexa Ro	bone	530-841-2117