

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: Butte Valley Elementary Permit # 000171								
Address: 625 W Third St Dorris CA 96023								
Permit Holder: Permit To Operate: Valid Not Valid Not V								
Phone	Phone: 530-397-4000 E-mail: sgonzalez@bvalusd.org							
Food	Safe	ty Certified Employ	/ee: g	Soled	ad C	Gonzalez	Expiration Date: 11/2027	
			MAJ	OUT			ode violations and must be corrected as follows:	
Protection Time/ Temp.	1	Food Temp.	141/10	001	000		TION CONDUCTED ON THIS DATE	
	2	Prep./ Service				Roo Tine Inspect	TION CONDUCTED ON THIS DATE	
	3	Storage/ Disp.						
	4	Frozen Food				SATISFACTO	ORY AT PRESENT TIME	
	5	Pure Food						
otec	6	Reused Food						
Pro	7	Transportation		1				
	8	Storage Fac.						
age	9	Refrig. Units	1919 - 22	1				
Sto	10	Thermometer						
Food Storage	11	Hazardous Mat.						
	12	Spoils						
j.	13	Wash/ Sanitize		а				
Uten./Equip.	14	Equip. Condition						
ten./	15	Utensil Condition						
5	16	Storage						
e	_	Handwashing						
loye	18	Employee Hygiene						
Employee	1000	Employee Habits						
_	1000	Food Cert./ Card						
Water	21	etable (adeta	-					
	22	Cross Con.	<u> </u>	1				
Waste	_	Liquid Waste	<u> </u>					
		Refuse						
Vermin	1000	Rodents/ Insects	-					
>	-	Animal/ Fowl	-	3				
	27	Ventilation Doors		-				
ties	-							
Facilities		Floors Walls - Ceilings						
LL.	-	Toilet Fac.		·				
	32	Janitorial Fac.						
		Lighting	-	· · · · ·				
-		Clothing - Linen	-					
Misc.		Signs						
2	1	Misc.						
MAJ =			DUT =	Out o	f com	pliance COS = Corrected on-site		
2		y (Print): Destiny				Received by (Signature):	Date: 1/9/2025	
REHS (Print): REHS (Signature): Phone: 530-841-2						Phone: 530-841-2117		
-								

Facility Name: Butte Valley Elemen	ntary	
The marked items i	represent Health Code violations and must be c	corrected as follows:
	х.	
Received By (Print):	Received by (Signature):	Date:

REHS (Signature):

Phone:

530-841-2117

Alexa Roche

REHS (Print):

Facility Name: Butte Valley Elementary						
Butte valley Elementary						
	The marked items repres	sent Health Code violations and m	ust be corrected as follows:			
		κ.				
Department Dep (Detect)		Passived by (Signature):				
Received By (Print):	tiny Comphall	Received by (Signature):	Date:			
	tiny Campbell		1/9/2025			
REHS (Print):	_	REHS (Signature):	Phone:			
Álexa R	oche		530-841-2117			
Page 3						

Facility Name:	e: Butte Valley Elementary					
	The marked items represent Health Code violations and must be corrected	d as follows:				
	κ.					
Received By (Print):	Received by (Signature):	Date:				
Des	stiny Campbell	1/9/2025				
REHS (Print): Alexa Ro	REHS (Signature): oche	Phone: 530-841-2117				