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

Facilit	Facility Name: El Zaguan Permit # 000218								
Address: 1421 N. Main St., Yreka, CA 96097									
Permi	Permit Holder: Permit To Operate: Valid Not Valid								
Phone	Phone: 530-408-9923 E-mail: miriamvillegas7@gmail.com								
Food Safety Certified Employee: Miriam Villegas Expiration Date: 09/2029									
			MAJ	<u> </u>					
ġ	1	Food Temp.							
Lem	2	Prep./ Service			ROUTINE INSPECTION CONDUCTED THIS DATE				
Protection Time/ Temp.	3	Storage/ Disp.		X	3) Observed raw meat stored above ice in the walk-in freezer. Store ready-to-eat food				
	4	Frozen Food			above raw food. Correct ASAP.				
ction	5	Pure Food							
rote	6	Reused Food			14) Observed water dripping from the ceiling into a food container in the walk-in refrigerator. Observed the door gasket to reach-in refrigerator damaged and not sealing				
<u>م</u>	7	Transportation			properly. Maintain equipment in good repair and fully operable. Repair or correct within				
e	8	Storage Fac.	_		90 days.				
orag	9	Refrig. Units							
d St	10	Thermometer			14) Observed the soda discharge tube and its end submerged into water. To prevent				
Food Storage	-	Hazardous Mat.	_		backflow into the equipment, ensure the tube discharges into floor sink or the like with at least a 1in. air gap. Correct immediately.				
100 mil	10	Spoils	_						
uip.	10000		_		14) 2nd Notice - Observed the finish to the floors in the walk-in freezer and refrigerator				
./Eq		-1-1	-	X	rusting or chipping. To prevent cross contamination of food or equipment surfaces,				
Uten./Equip.	10000	Utensil Condition	-		ensure the floors are refinished to be smooth, cleanable, durable, and nonabsorbent. Repair or correct within 30 days.				
	0.000	Storage	-	r - 1	Repair of correct within 50 days.				
ee	17	Handwashing		· ·	14) 2nd Notice - Observed the open-air BBQ grill in front of the facility with numerous				
Employee	No. CO.	Employee Hygiene			rust, grease, and/or food buildup. Observed the finish to the grill and frame chipping.				
E	· · · · · · · · · · · · · · · · · · ·	Employee Habits Food Cert./ Card	+		Observed the overhead vents clogged with buildup of smoke particulates. Maintain				
10		Water	+		equipment in good repair, fully serviceable, and clean at all times as to not contaminate food and/or attract/harbor of rodents, insects, or vermin. Resurface, repair, or replace				
Water		Cross Con.	+		within 30 days.				
		Liquid Waste	+						
Waste	100.00	Refuse	+		14, 25, 29) Observed food, dust, and/or dirt on the floors and hard-to-reach places (ex				
		Rodents/ Insects	+	×	below deli cooler and steam table) throughout the food prep area and dry storage area.				
Vermin		Animal/ Fowl	+		Observed rodent droppings on the floor in the dry food storage area. To prevent attraction or harborage of insects or rodents, maintain all floors in a cleanly manner at all				
-	27	Ventilation			times. Discard any food that may be contaminated or has gnawed marks. Wash, clean,				
10	28	And a state of the state of the state			and sanitize floors, equipment shelves, and cans ASAP.				
Facilities				X	20) Observed besebeard missing at the fleer/well at the following leastion: wareweaking				
Fac	30	Walls - Ceilings			 29) Observed baseboard missing at the floor/wall at the following location: warewashing, mop, handsink, ice machine and walk-in refrigerator areas, and at newly proposed cook 				
900	31	Toilet Fac.			area. Floors in all areas in which food is prepared, prepackaged, or stored, where any				
	32	Janitorial Fac.			utensil is washed, where refuse or garbage is stored, and handwashing areas shall be				
	33	Lighting			coved at the juncture of the floor and wall with a 3/8" minimum radius coving and extend				
· v	34	Clothing - Linen			up the wall at least 4". Repair or correct within 90 days.				
Misc.	35	Signs							
		Misc.							
			OUT =	Out of	compliance COS = Corrected on-site				
Received By (Print): Received by (Signature): Date: 03/14/2025									
REHS	REHS (Print): REHS (Signature): Phone: 530-841-2112								

Facility Name: El Zaguan		
The marked items	s represent Health Code violations and must be co	prrected as follows:
	x	
Received By (Print):	Received by (Signature):	Date:
Juan Ramon		03/14/2025
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey		530-841-2112
Page 2		

Facility Name:	El Zaguan		
		present Health Code violations and mu	ust be corrected as follows:
Received By (Print):	Demon	Received by (Signature):	Date:
	Ramon		03/14/2025
REHS (Print): Chalyn D	Jaway	REHS (Signature):	Phone:
Page 3	Jewey		530-841-2112

Facility Name: El Zaguan		
The marked	items represent Health Code violations and must be co	orrected as follows:
	x	
Passived By (Drint):	Received by (Signature):	Data
Received By (Print): Juan Ramon	Received by (Signatule).	Date: 03/14/2025
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone:
Page 4		530-841-2112
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