



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: Butte Valley Elementary				Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: 530-397-4000		E-mail: dcampbell@bvalusd.org			
Food Safety Certified Employee: Soledad Gonzalez				Expiration Date: 11/2027	

		MAJ	OUT	COS	
Protection Time/ Temp.	1 Food Temp.				<p style="text-align: center;">The marked items represent Health Code violations and must be corrected as follows:</p> <p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>25) Observed rodents droppings in the dry storage area. Continue to conduct rodent control measures and maintain all surfaces, including hard-to-reach places are clean in a manner to prevent harborage of rodents. Deep clean and remove all evidence of rodent droppings in the food facility. Correct immediately.</p>
	2 Prep./ Service				
	3 Storage/ Disp.				
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				
	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		X		
	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): Destiny Campbell	Received by (Signature): _____ Date: 5/7/2025
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Butte Valley Elementary

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

Received By (Print): Destiny Campbell	Received by (Signature):	Date: 5/7/2025
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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