



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: Casa Ramos - Yreka	Permit # 000179
Address: 100 N Main St., Yreka, CA 96097	
Permit Holder: Marcos Ramos	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-7172	E-mail: casaramosyreka@gmail.com
Food Safety Certified Employee: Carlos Hugo Rendon Carrango	Expiration Date: 06/2030

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">COMPLAINT INSPECTION CONDUCTED ON THIS DATE</p> <p>The purpose of this visit is to conduct a complaint inspection. The complainant stated they found an insect (ie weevil) in their rice. The following observations were found:</p> <p>An inspection of all starch and grain products at dry storage area, food prep areas, and held at hot steam table did not reveal any signs or evidence of live, dead, fragments, or droppings of insects, vermin, or rodents.</p> <p>Did not observe evidence of live, dead, fragments, or droppings of insects, vermin, or rodents in the facility.</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			
	26	Animal/ Fowl			
Facilities	27	Ventilation	<input type="checkbox"/>		
	28	Doors	<input type="checkbox"/>		
	29	Floors	<input type="checkbox"/>		
	30	Walls - Ceilings	<input type="checkbox"/>		
	31	Toilet Fac.	<input type="checkbox"/>		
	32	Janitorial Fac.	<input type="checkbox"/>		
	33	Lighting	<input type="checkbox"/>		
Misc.	34	Clothing - Linen	<input type="checkbox"/>		
	35	Signs	<input type="checkbox"/>		
	36	Misc.	<input type="checkbox"/>		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Christy Thomas Received by (Signature): _____ Date: 08/07/2025
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Casa Ramos - Yreka

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

Received By (Print):
Christy Thomas

Received by (Signature):

Date:
08/07/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

Facility Name: Casa Ramos - Yreka

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

[Empty area for listing health code violations and correction details]

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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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REHS (Signature):

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