



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: El Mana	Permit # 001137
Address: 52900 Hwy 97, Dorris CA 96023	
Permit Holder: Rosio Hernandez	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 541-851-1332	E-mail: leahliam22@icloud.com
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	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		X	X
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing		X	X
	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			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED ON THIS DATE

17) Observed handwashing sink filled with tortillas and paper products. Ensure handwashing sink is not obstructed and is accessible for use at all times. Corrected on-site.

23) Observed no sanitizer prepared. A sanitizer bucket must be set up and available at all times during operation. Corrected on-site.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Rosio Hernandez	Received by (Signature): _____ Date: 9/25/2025
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: El Mana

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

Received By (Print):
Rosio Hernandez

Received by (Signature):

Date:
9/25/2025

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: El Mana

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REHS (Signature):

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