



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: Bogus Elementary	Permit # 000116
Address: 13735 Ager Beswick Rd, Montague CA	
Permit Holder: Bogus Elementary	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-459-3163	E-mail: esalvestro@sisnet.ssku.k12.ca.us
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.			<p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>2) Observed no sneeze guard at the counter of the service line. Install a sneeze guard that will intercept a direct line from a person's mouth to protect displayed food from contamination. Repair or correct within 90 days.</p> <p>20) Obtain Food Manager Certification within the next 30 days.</p> <p>Note: Erika S. has enrolled to take the next in-person Food Manager course on 3/14/2024.</p>
	2	Prep./ Service		X	
	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.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
Employee	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
Water	20	Food Cert./ Card		X	
	21	Water			
Waste	22	Cross Con.			
	23	Liquid Waste			
Vermin	24	Refuse			
	25	Rodents/ Insects			
Facilities	26	Animal/ Fowl			
	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
Misc.	33	Lighting			
	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Diane Lemke Received by (Signature): _____ Date: 02/23/2024
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Bogus Elementary

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Received by (Signature):

Date:
02/23/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

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