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 Zaguan Permit # 000218										
Address: 1421 N. Main St.,Yreka, CA 96097										
Permit	Permit Holder: Miriam Villegas Permit To Operate: Not Valid Not Valid									
Phone	Phone: 530-408-9923 E-mail: elzaguanyreka8@gmail.com									
Food S	Food Safety Certified Employee: Miriam Villegas Expiration Date: 03/2024									
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
Protection Time/ Temp.	1	Food Temp.		X		·				
	2	Prep./ Service		X		ROUTINE INSPECTION CONDUCTED THIS DATE				
	3	Storage/ Disp.		×		1) Observed numerous cold foods at the deli-prep cooler at 48F. Hold cold foods at 4				
	4	Frozen Food				or below. Correct immediately.				
	5	Pure Food				•				
otec	6	Reused Food				2) Observed improper cooling of cooked rice and meats in the reach-in refrigerator.				
Pro	7	Transportation				Ensure food is rapidly cooled after cooking by separating into smaller steel container				
	8	Storage Fac.				and is portioned no more than 3" high. Correct immediately.				
rage	9	Refrig. Units				3) Observed a bag of beans and a container of chips stored on the ground in the storage				
Food Storage	10	Thermometer				area. Observed boxed frozen meats stored on the ground in the walk-in freezer. Store all				
poo	11	Hazardous Mat.				foods 6" off the floor. Correct immediately.				
Ĕ	12	Spoils				4.4) Observed an unannusued new time Leybourst bood flat ten will and stave in the				
ip.	13	Wash/ Sanitize				14) Observed an unapproved new type I exhaust hood, flat top grill, and stove in the facility without submission of a plan check. Any major changes to operation or new				
Uten./Equip.	14	Equip. Condition		X		equipment requires a plan check to be submitted or preapproved by the health				
en./	15	Utensil Condition		X		department. Submit a plan check of these equipment to the department within 14 days.				
Ţ	16	Storage								
ө	17	Handwashing				15) Observed scoops without handle used to portion from bulk. Utilize a scoop with				
oye	18	Employee Hygiene				handle to portion food and store scoop inside the container with handle above the food. Correct immediately.				
Employee	19	Employee Habits				Contest inimediately.				
Ш	20	Food Cert./ Card				14, 29, 30) Observed excessive amount of buildup of grease, dust, food debris, and/or				
Water	21	Water				dirt on the floors, walls, and hard-to-reach places throughout the facility, including utensil				
Wa	22	Cross Con.				shelves. Maintain all surfaces and equipments are in a cleanly manner at all times.				
Waste		Liquid Waste				Correct immediately. 2ND NOTICE				
	24	Refuse				29) Observed 3-compartment sink and prep sink indirectly draining into a floor sink				
Vermin	25	Rodents/ Insects				without a 1" air gap. Ensure these pipes are drained into a floor sink with an 1" air gap to				
Vei	26	Animal/ Fowl				prevent discharged waste from backing up into pipes. Correct within 60 days.				
		Ventilation				26) Observed numerous rubbish and unused equipment outside the facility. Remove				
Se	28	Doors				36) Observed numerous rubbish and unused equipment outside the facility. Remove unused equipment or rubbish from site to prevent harborage of rodents or insects.				
-acilities	29	Floors		×		Correct within 30 days.				
Fa	30	Walls - Ceilings		X		,				
	31	Toilet Fac.				NOTE E III I I I I I I I I I I I I I I I I				
		Janitorial Fac.	Ш			NOTE: Facility is currently using a flat top grill without a hood to heat up tortilla only. If grease, smoke, excessive heat or order is observed on future inspection, a change in				
		Lighting	Ш			operation will be requested.				
Misc.	34	Clothing - Linen	ш			oporation will be requestion.				
		Signs								
N 4 A . I		Misc.		X		alliance COC Compared on after				
			JU I =	Out 0	ı com	pliance COS = Corrected on-site Received by (Signature): Date:				
Luis Villegas 02/28/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2112										

Facility Name:	El Zaguan		
	The marked items	represent Health Code violations and n	nust be corrected as follows:
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Received By (Print): Lu	is Villegas	Received by (Signature):	Date: 02/28/2024
REHS (Print): Chalyn D		REHS (Signature):	Phone: 530-841-2112

Facility Name: El Za	guan	
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Received By (Print):	Received by (Signature):	Date:
Luis Villeg		02/28/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
Sharyii Dewey		550-64 I-7 II

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	s Villegas	by (Signature):	Date: 02/28/2024
REHS (Print): Chalyn [REHS (S	ignature):	Phone: 530-841-2112