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	Facility Name: Victor's Permit # 000861							
Addres	ss:	311 W Miner S	St. Y	reka	, CA	96097		
Permit Holder: Victor Rodriguez Permit To Operate: O Valid O Not Valid								
Phone	. 5	30-598-9086				E-mail: N/A	<u> </u>	
Food S		y Certified Employ	yee: (Synth	nia R	odriguez	Expiration Date: 03/2025	
				OUT		The marked items represent Health Code vio		
rotection Time/ Temp	1	Food Temp.		00.	000	·		
		Prep./ Service				ROUTINE INSPECTION CONDU	JCTED THIS DATE	
	3	Storage/ Disp.		X		3) Observed bulk beans and cooking oil store	d on the ground in the dry storage and	
	4	Frozen Food				back storage area. Ensure food is stored atleast 6" off the floor. Correct immed		
	5	Pure Food				·		
	6	Reused Food				11) Observed working spray bottles below the		
	7	Transportation				common name. Label spray bottle to prevent immediately.	mishandling of chemical hazard. Correct	
Food (8	Storage Fac.				inimodiatory.		
	9	Refrig. Units	<u> </u>			13) Observed numerous wiping cloths stored		
	10	Thermometer				bar. Store repeated used wiping cloths in a sa	anitizing solution bucket when not in use.	
		Hazardous Mat.		X		Correct asap.		
		Spoils				13) The only sani-bucket is in the kitchen, and	d is not conveniently located for use to	
		Wash/ Sanitize		X		personnel in the front house. Obtain a sani-b		
Uten./Equip.		Equip. Condition		×		immediately.		
Jten		Utensil Condition	1			13) Observed a residue buildup in the ice made	chine. Discard ice and discontinue use until	
		Storage	1			unit has been clean and sanitize according to		
/ee		Handwashing Employee Hygiene				_	·	
Employee	_	Employee Habits					ored in the ice compartment. Utilize a scoop with handle his scoop in a container that is cleaned and sanitized	
Εn		Food Cert./ Card		X		to portion from bulk and store this scoop in a daily. Correct immediately.		
ē		Water				daily. Correct infinediately.		
Water		Cross Con.				14) Observed Household Use Only KitchenAi		
o te	23	Liquid Waste				equipment that is ANSI or NSF certified. Disc		
Waste	24	Refuse				ANSI or NSF certified equipment within 90 da		
rin	25	Rodents/ Insects				for preapproval prior to purchase. Correct immediately.		
Vermin	26	Animal/ Fowl				15) Observed chips and mixing flour stored in non-food grade container.	non-food grade container. Utilize	
	27	Ventilation				containers that are food grade or ANSI/NSF approved. Correct immediately.		
SS	28	Doors						
Facilities	29	Floors						
Fас	30	Walls - Ceilings						
	31	Toilet Fac.						
	32	Janitorial Fac.						
		Lighting	ш					
Misc.		Clothing - Linen						
F		Signs						
MA.I –		Misc. or violation (OLIT –	Out (of con	apliance COS = Corrected on-site		
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:								
Victor Rodriguez 03/21/2024								
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112								
300 041 2112								

Facility Name:	Victor's		
	The marked items re	present Health Code violations and must I	pe corrected as follows:
Possived By (Brint):		Received by (Signature):	Date:
	tor Rodriguez		03/21/2024
REHS (Print): Chalyn D	ewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	ictor's		
	The marked items represent Health C	ode violations and must be corrected as follo	ws:
	Rodriguez	(Signature):	Date: 03/21/2024
REHS (Print): Chalyn De	REHS (Sign	nature):	Phone: 530-841-2112

Facility Name:	Victor's		
	The marked items re	present Health Code violations and must	be corrected as follows:
Received By (Print): Vict	or Rodriguez	Received by (Signature):	Date: 03/21/2024
REHS (Print): Chalyn [Dewey	REHS (Signature):	Phone: 530-841-2112