



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: Butte Valley Elementary	Permit # 000171
Address: 615 W Third Street, Dorris CA 96023	
Permit Holder: Butte Valley Elementary	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-397-4000	E-mail: sgonzalez@bvalusd.org
Food Safety Certified Employee: Soledad Gonzalez	Expiration Date: 11/2027

		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; margin-bottom: 20px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>16) Observed house-hold use only crock pot and electric flat grill. Ensure all new or replace equipment are approved by the agency, and are ANSI certified or NSF listed. Discontinue use of this equipment immediately. If replace, provide this agency with a manufacturer's cut sheets for pre-approval prior to purchasing.</p> <p style="margin-top: 20px;">NOTE: SUBMIT MANUFACTUER'S SPECIFICATION SHEETS TO AROCHE@CO.SISKIYOU.CA.US</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		X	
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			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Destiny Campbell Received by (Signature): _____ Date: 4/10/2024
REHS (Print): Alexa Roche REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Butte Valley Elementary

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Destiny Campbell

Received by (Signature):

Date:
4/10/2024

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

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