## **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: Pupuseria La Paz											
Address: 1125 S Main Street, Yreka, CA 96097											
Permit Holder:  Enrique Martinez  Permit To Operate:  Valid Not Valid											
Phone: 530-722-7968 E-mail: enriquem1978@hotmail.com											
Food Safety Certified Employee: Enrique Martinez Expiration Date: 08/2026											
[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		X	X	ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	3	Storage/ Disp.		X	X	2) Observed a scoop stored on top of bulk dried corn packaging and the lid of rice container. Store scoop within the food container or packaging with handle above the food. Corrected onsite.					
	4	Frozen Food									
	5	Pure Food									
	6	Reused Food				3) Observed raw most being stored above ready to get food in the walk in refrigerate:					
Ā	7	Transportation				3) Observed raw meat being stored above ready-to-eat food in the walk-in refrigerator. Store raw meat below ready-to-eat foods. Corrected onsite.					
a)	8	Storage Fac.				Store raw meat below ready-to-eat 10005. Corrected 01151te.					
Food Storage	9	Refrig. Units				14) Observed bare wood door in the prep area that leads to the mop room. Finish bare					
	10	Thermometer				wood to be nonabsorbent, smooth, durable, and easily cleanable. Repair or correct					
	11	Hazardous Mat.				within 30 days. 2ND NOTICE.					
	12	Spoils				14) Observed paint peeling around the compressor unit of the walk-in refrigerator.					
Uten./Equip.	13	Wash/ Sanitize				Protect food from contamination and ensure non-food contact surface is finished to be					
	14	Equip. Condition		X		smooth, easily cleanable, nonabsorbent, and durable. Repair or correct within 30 days.					
en./	15	Utensil Condition				2ND NOTICE.					
Ď	16	Storage									
е	17	Handwashing		X		14) Observed "Household Use Only" blenders in the food prep area and front host area.					
Employee	18	Employee Hygiene				Observed small domestic refrigerator in the host area. All equipment is to be commercial ANSI/NSF approved. Discontinue use and if replace, provide a manufacturer's cut					
ldm	19	Employee Habits				sheets to our department for preapproval before purchase. Repair or correct within 180					
Ш	20	Food Cert./ Card				days. 2ND NOTICE.					
Water	21	Water									
	22	Cross Con.				14) Observed raw paper menus taped on the wall below the exhaust hood. This is not					
Waste	23	Liquid Waste				an easily cleanable surface. Remove paper from this area immediately.					
Ma	24	Refuse				14) Observed the discharge pipes to the 3-compartment sink and the prep sink draining					
Vermin	25	Rodents/ Insects				into a floor sink without a 1 inch air gap. Ensure these pipes are drained indirectly with a					
Ver	26	Animal/ Fowl				1" airgap above the maximum flood level or rim of the floor sink. Repair within 90 days.					
	27	Ventilation				47) Olean additional and a second additional and the format of least additional and the second additional additional and the second additional					
SS	28	Doors				17) Observed single-use paper towel stored on the faucet at handwashing station. Store single-use paper towel in a dispenser. Correct immediately.					
-acilities	29	Floors				single-use paper tower in a dispenser. Correct infinediately.					
Fас	30	Walls - Ceilings		×		30) Observed food buildup on the walls were the maze is prepped. Walls in food prep					
	31	Toilet Fac.				are to be clean at all times. Clean and sanitize immediately.					
	32	Janitorial Fac.									
	33	Lighting				DEINISDECTION FEE WILL DE ASSESSED FOD FLITLIDE NON COMPLIANCE					
SC.	34	Clothing - Linen				REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIANCE.					
	35	Signs									
		Misc.									
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date:  Enrique Martinez 04/23/2024											
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112											

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	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date:	
	ique Martinez	04/23/2024
REHS (Print): Chalyn De	REHS (Signature): Phon	e: 0-841-2112
Chalyn De	5V/Gy 03	0-041-2112

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REHS (Print): Chalyn De		REHS (Signature):	Phone: 530-841-2112

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