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	Na	me: Butteville l	Elem	enta	ry	Permit # 000173				
Addres	S:	24512 Edgewo	od F	Rd, V	Veed	I CA 96094				
Permit		der:				Permit To Operate:				
Dhono		Butteville E	leme	entar	У	▼ Valid Not Valid				
Solid Safety Certified Employee: Adrianne Treur Expiration Date: 08/2028										
Food S										
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:				
Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE				
	100	100 100 100 100 100 100 100 100 100 100								
	3	Storage/ Disp.								
n Tii	. 28					SATISFACTORY AT PRESENT TIME				
Protection	TOTAL STATE	Total Total Til								
п		NAME OF TAXABLE PARTY.								
ge	_	10.30	E 37							
oraç	Toward Co.					NOTE: SUBMIT ALL NEW EQUIPMENT MANUFACTURER SPECIFICATION SHEETS TO THIS				
d St	10	Thermometer			0					
Food	_									
605.10	_	100			0					
din.	1/11/11/11	Wash/ Sanitize								
Æq	14	Equip. Condition			2					
Iten	-	Utensil Condition								
0	-	Storage		5						
99	_	Handwashing								
oloy		Employee Hygiene								
Emp	_	Employee Habits			-					
		Food Cert./ Card								
Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	Contract of	Water								
		Cross Con.								
		Liquid Waste								
		Refuse								
rmin -	_	Rodents/ Insects								
Ve		Animal/ Fowl			6					
Facilities Vermin Waste Water Employee Uten./Equip.		Ventilation								
es		Doors			9					
scilit		Floors								
Fa		Walls - Ceilings								
		Toilet Fac.								
		Janitorial Fac.			-					
		Lighting		_						
Misc.	1000	Clothing - Linen								
		Signs	Н	_						
MA I -		Misc.	NIT -	Out	of cor	npliance COS = Corrected on-site				
		(Print):			n con	Received by (Signature): Date:				
Received By (Print): Received by (Signature): Date: Adrianne Treur Received by (Signature): 6/4/2024										
REHS (Print	Alexa Roche)			REHS (Signature): Phone: 530-841-2117				

Facility Name:	Butteville Elementary	
	The marked items represent Health Code violations and must	be corrected as follows:
Received By (Print): Ad	Received by (Signature): rianne Treur	Date: 6/4/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Butteville Elementary	
	The marked items represent Health Code violations and must be corrected as	s follows:
Received By (Print): Adri	Received by (Signature): anne Treur	Date: 6/4/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Butteville Elementary		
	The marked items represent Health Code	violations and must be corrected as follow	vs:
No. 15 (51.5)	Decelorate (A)	anatura).	Patr
	Received by (Si ianne Treur		Date: 6/4/2024
REHS (Print): Alexa Ro	REHS (Signatu	re):	Phone: 530-841-2117