



# 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: <b>Primo Liquor Barn</b>	Permit # <b>000379</b>
Address: <b>109 S Pine St Dorris CA 96023</b>	
Permit Holder: <b>Manjeet More</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-397-7466 or (530) 340-4017</b>	E-mail: <b>manjeetmore@hotmail.com</b>
Food Safety Certified Employee:	Expiration Date:

		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: 10px;"><b>ROUTINE INSPECTION CONDUCTED ON THIS DATE</b></p> <p>16) Observed broken and unused kitchen equipment throughout the entire facility. The food facility shall be free of all items that are unnecessary to the operation of the facility, non-functional, and no longer used. Any items not appropriate for food storage and no longer in use shall be removed within the next 60 days.</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): <b>Liana Alexander</b> Received by (Signature): _____      Date: <b>9/20/2024</b>
REHS (Print): <b>Alexa Roche</b> REHS (Signature): _____      Phone: <b>530-841-2117</b>

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Date:  
9/20/2024

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Alexa Roche

REHS (Signature):

Phone:  
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