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							
Addres	S:	625 W Third St D	Oorris C	A 960	23		80 april 19 60 3 (19 40 19 50 50 50 50 50 50 50 50 50 50 50 50 50
Permit Holder: Butte Valley Elementary						Permit X Valid	To Operate: Not Valid
Phone:		530-397-4000				E-mail: sgonzalez@bvalusd.org	
Food S		ty Certified Employee	Solec	dad Go	nzalez	1, 400 Sept. School and the Control Sept.	on Date: 11/2027
			AJ OUT		1120102	The marked items represent Health Code violations and must be correct	W 5
1025	1	Food Temp.	710 001	000		ROUTINE INSPECTION CONDUCTED ON THIS	No. 1007-1009
emp	2	Prep./ Service				ROOTING ING! ECTION CONDUCTED ON THIS	DATE
T/ai	3	Storage/ Disp.					
Protection Time/ Temp.	4	Frozen Food				SATISFACTORY AT PRESENT TIME	
	5	Pure Food					
	6	Reused Food					
	7	Transportation					
Food Storage	8	Storage Fac.					
	9	Refrig. Units	2.0				
	10	Thermometer		8			
	11	Hazardous Mat.					
	12	Spoils					
Uten./Equip.	13	Wash/ Sanitize					
	14	Equip. Condition					
	15	Utensil Condition					
	16	Storage					
Ф	17	Handwashing					
Employee	18	Employee Hygiene					
∃mp		Employee Habits					
	7	Food Cert./ Card					
ater		Water					
>	22	Cross Con.					
aste		Liquid Waste					
>		Refuse					
Vermin Waste Water		Rodents/ Insects					
Ne Ve		Animal/ Fowl		8			
		Ventilation	_				
es	3 3	Doors	_	0			
Facilities	Contract of	Floors					
Fe	_	Walls - Ceilings					
		Toilet Fac.	_				
	32	Janitorial Fac.	_				
		Lighting					
Misc.	- 76	Clothing - Linen					
		Signs					
ΜΔΙ-		Misc.	T = Out /	of compli	ianco	COS = Corrected on site	
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:						
FALSE OF STREET		Destiny C	ampbe	ell			0/2/2024
REHS (Print): REHS (Signature): Phone: 530-841-2117							

Facility Name:	Butte Valley Elementary	
	The marked items represent Health Code violations and must be correct	cted as follows:
	A	
Received By (Print):	Received by (Signature):	Date:
D€	estiny Campbell	10/2/2024
REHS (Print): Alexa Ro	REHS (Signature):	Phone: 530-841-2117

Facility Name:	Butte Valley Elementary	
	The marked items represent Health Code violations and must be corrected as	follows:
Received By (Print): Dest	Received by (Signature): iny Campbell	Date: 10/2/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Butte Valley Elemen	tary	
	The marked items re	present Health Code violations and must be co	prrected as follows:
		× .	
Described Described A		Pageigad by (Cignotius)	Dett
	stiny Campbell	Received by (Signature):	Date: 10/2/2024
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117