



Siskiyou County Community Development Department
Environmental Health Division
806 S. Main Street
Yreka, California 96097

phone: (530) 841-2100, fax: (530) 841-4076

Facility	Nai	me: Bogus Ele	men	tary		Permit # 000116					
Addres	S:	13735 Ager Be	swic	k Ro	d, Mo	ontague CA					
Permit	Permit Holder: Permit To Operate:										
Dhana	Bogus Elementary Valid Not Valid										
Phone:	550-455-5105 Esalvesti otto sistiet. Saku. k 12. ca. us										
Food S	Food Safety Certified Employee: Erika A. Salvestro Expiration Date: 03/2029										
			MAJ	_	cos	The marked items represent Health Code violations and must be corrected as follows:					
ne/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.		X							
Ţ	4	Frozen Food				3) Observed commercial raw eggs stored next to apples and broccoli in refrigerator. Store ready-to-eat foods above raw foods. Store raw foods in the manner it is to be					
ctio	5	Pure Food									
Protec	6	Reused Food				cooked, raw eggs above raw beef, then poultry. Correct immediately.					
		Transportation									
	_	Storage Fac.									
	9	Refrig. Units									
	10	Thermometer		3	0						
Foo		Hazardous Mat.									
Sec. 1	12	Spoils									
dip.	, 10	Wash/ Sanitize									
Œđn	14	Equip. Condition									
ten.		Utensil Condition									
n	16	Storage			-						
96	-	Handwashing									
loye	18	Employee Hygiene									
-mp		Employee Habits									
	20	Food Cert./ Card									
ater	CHANGE	-500 (see)									
aste		Liquid Waste									
Misc. Facilities Vermin Waste Water Employee Uten./Equip.											
8 Storage 9 Refrig. 1 10 Thermo 11 Hazard 12 Spoils 13 Wash/s 14 Equip. 0 15 Utensil 16 Storage 17 Handwa 18 Employ 20 Food Co 21 Water 22 Cross Co 23 Liquid V 24 Refuse 25 Rodents 26 Animal/ 27 Ventilat 28 Doors 29 Floors 30 Walls - 31 Toilet Fl 32 Janitoria 33 Lighting 34 Clothing 35 Signs 36 Misc. MAJ = Major viola Received By (Print):	Rodents/ Insects										
Ve	26	Animal/ Fowl									
		Ventilation	Ш								
S	-			į	0						
cilitie	NAME OF	NO SECTION SEC	Ш								
Fa	30	Walls - Ceilings									
		CONTRACTOR AND CONTRACTOR	Ш								
		Janitorial Fac.		4							
	33	Lighting									
SC.	34	Clothing - Linen									
Mis	35	Signs									
			OUT =	Out	of com	ppliance COS = Corrected on-site					
WALKER STATE	Received By (Print): Received by (Signature): Date: Erica Salvestro 10/22/2024										
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112											

Facility Name:	Bogus Elementary	
	The marked items represent Health Code violations and must be corrected as follows:	
•		
Received By (Print):	Received by (Signature): Date	
	ca Salvestro	10/22/2024
REHS (Print): Chalyn D	REHS (Signature): Pho	ne: 30-841-2112
Onaly II D	<u> </u>	00 0 1 1 2112

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