



### 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>Senor Tequila</b>	Permit # <b>000412</b>
Address: <b>337 Main Street Tulelake CA</b>	
Permit Holder: <b>Roger and Rina Villalpando</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-667-4201</b>	E-mail: <b>rogervillalpando@gmail.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.		X	X	<p style="text-align: center; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>1) Observed raw tripe at 69 F. Facility is instructed to utilize proper thawing methods: thaw under cool running water, by microwave and cooked immediately after, and thaw in the cooking process. Corrected on-site.</p> <p>20) Obtain Food Manager certification 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				
Employee	17	Handwashing				
	18	Employee Hygiene				
	19	Employee Habits				
	20	Food Cert./ Card		X		
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>Roger Villalpando</b> Received by (Signature): _____      Date: <b>8/24/2023</b>
REHS (Print): <b>Alexa Roche</b> REHS (Signature): _____      Phone: <b>530-841-2117</b>

**Facility Name:** Senor Tequila

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):  
Roger Villalpando

Received by (Signature):

Date:  
8/24/2023

REHS (Print):  
Alexa Roche

REHS (Signature):

Phone:  
530-841-2117

**Facility Name:** Senor Tequila

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): Roger Villalpando      Received by (Signature):      Date: 8/24/2023

REHS (Print): Alexa Roche      REHS (Signature):      Phone: 530-841-2117

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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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