## **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: El Orgullo Del Valle Market Permit # 000214								
Address: 116 E First Street Dorris CA								
Permit Holder:  Maria Vargas  Permit To Operate:  Valid O Not Valid								
Phone		530-5981281			E-mail:			
Food S	afet	ty Certified Employ	ee:		Expiration Date:			
			MAJ	OUT CO	The marked items represent Health Code violations and must be corrected as follows:			
Ď.	1	Food Temp.			ROUTINE INSPECTION CONDUCTED ON THIS DATE			
Protection Time/ Temp.	2	Prep./ Service			ROUTINE INSPECTION CONDUCTED ON THIS DATE			
ne/	3	Storage/ Disp.						
Ţ	4	Frozen Food			SATISFACTORY AT PRESENT TIME			
ction	5	Pure Food						
rote	6	Reused Food						
Ь	7	Transportation						
Ф	8	Storage Fac.						
orag	9	Refrig. Units						
Food Storage	10	Thermometer						
-000	11	Hazardous Mat.						
Ł	12	Spoils						
dip.	13	Wash/ Sanitize						
Uten./Equip.	14	Equip. Condition						
ten.	2777	Utensil Condition						
ר	16	Storage						
96		Handwashing						
Employee		Employee Hygiene						
Emp		Employee Habits	$\vdash$					
	7	Food Cert./ Card	$\sqcup$					
Water		Water						
<u> </u>		Cross Con.						
Waste		Liquid Waste						
>	- 2	Refuse						
Vermin	_	Rodents/ Insects						
× ×	2 2	Animal/ Fowl						
	-	Ventilation		_	-			
ies	3 3	Doors		5	-			
Facilities		Floors		-	-			
Ë	_	Walls - Ceilings		-	-			
		Toilet Fac.		-	-			
		Janitorial Fac.			-			
		Lighting Lines		+	-			
Misc.		Clothing - Linen			-			
		Signs		_	-			
36 Misc.  MAJ = Major violation OUT = Out of compliance COS = Corrected on-site					mpliance COS = Corrected on-site			
Received By (Print): Maria Vargas  Received by (Signature): Date: 9/29/2023								
Alexa Roche REHS (Signature): 530-841-2117								

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The marked items represent Health Code violations and must be corrected as follows:	Facility Name:		
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Received By (Print): Received by (Signature): Date:			
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REHS (Print): REHS (Signature): Phone:			

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