

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: Primo Liquor Barn																		
Addres		109 S Pine St			960)23												
Permit Holder:									Permit To									
Phone			ore						E-ma	iil·					O Valid	0 1	Not Valid	
	•	530-397-7466							L-IIIa									
Food S	Safe	ty Certified Employ	/ee:												Expiration	Date:		
		_	MAJ	OUT	COS		The marked items represent Health Code violations and must be corrected as follows:											
Protection Time/ Temp.	1	Food Temp.					ROUTINE INSPECTION CONDUCTED ON THIS DATE											
	_	Prep./ Service																
	3	Storage/ Disp.					SATISFACTORY AT PRESENT TIME											
	4	Frozen Food																
	5	Pure Food																
	6	Reused Food																
	_	Transportation																
<u>e</u>	_	Storage Fac.																
Food Storage	9	Refrig. Units	<u></u>															
	10	Thermometer																
	_	Hazardous Mat.																
		Spoils																
Uten./Equip.		Wash/ Sanitize																
	14	Equip. Condition																
lten.	_	Utensil Condition																
)	16	Storage																
e 0	_	Handwashing																
Employee	_	Employee Hygiene	<u> </u>															
Emp		Employee Habits																
		Food Cert./ Card																
Water	-	Water																
>		Cross Con.																
Waste		Liquid Waste																
8		Refuse																
Vermin	_	Rodents/ Insects																
×		Animal/ Fowl																
	_	Ventilation																
ies	_	Doors																
Facilities		Floors	Н															
Ę,		Walls - Ceilings																
	_	Toilet Fac.																
		Janitorial Fac.	Н															
		Lighting	Н	\vdash														
Misc.	_	Clothing - Linen	H	$\vdash \vdash$														
Ξ		Signs		\vdash														
MA.I –		Misc.)UT –	Outo	of com	nnliance	C	OS - C	orrecte	d on-sit	te.							
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:																		
	Missy Vega 1/5/2024																	
REHS (Print): REHS (Signature): Phone: 530-841-211							-2117											

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	The marked items	represent Health Code violations and must be	corrected as follows:
Received By (Print):	ssy Vega	Received by (Signature):	Date: 1/5/2024
REHS (Print):	ooy veya	REHS (Signature):	Phone:
Alexa Ro	oche	ite io (oignature).	530-841-2117

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	•	
Received By (Print):	Received by (Signature): sy Vega	Date: 1/5/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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Received By (Print): Mis	Received by (Signature): ssy Vega	Date: 1/5/2024
REHS (Print): Alexa Ro	REHS (Signature): oche	Phone: 530-841-2117