

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	Na	me: Senor Teq	uila	Bar		Permit # 000412	
Addres	ss:	337 Main Stree	et Tu	lelak	e CA	4	
Permit		der:				Permit To Operate:	
		Roger and	Rina	Villa	alpar	ndo X Valid Not Valid	
Phone		530-667-4201				^{E-mail:} rogervillalpando@gmail.com	
Food S	Safet	y Certified Employ	ee: F	Roge	r Vill	alpando Expiration Date: 03/2029	
				OUT		The marked items represent Health Code violations and must be corrected as follows:	
rotection Time/ Temp	1	Food Temp.				COMPLAINT INSPECTION CONDUCTED ON THIS DATE	
	2	Prep./ Service					
	3	Storage/ Disp.				17) Observed 1 of the 3 bathroom handwashing sinks was without hot water. As stated in code	
	4	Frozen Food				113953 (c) of the California Retail Food Code, handwashing facilities must be equipped to offer	
	5	Pure Food				warm water within 15 seconds, with a temperature of 100 F, and be accessible to employees throughout operating hours. Employees will only use the 2 working bathroom handwashing sinks.	
	6	Reused Food				Repair as soon as possible.	
	7	Transportation					
Food Storage	8	Storage Fac.					
	9	Refrig. Units					
	10	Thermometer					
-000	11	Hazardous Mat.					
ш	12	Spoils					
Uten./Equip.	13	Wash/ Sanitize					
	14	Equip. Condition					
en./	15	Utensil Condition					
Ţ	16	Storage					
е	17	Handwashing		X			
Employee	18	Employee Hygiene					
-m		Employee Habits					
	20	Food Cert./ Card					
Water	21	Water					
Ň	22	Cross Con.					
Waste	23	Liquid Waste					
	24	Refuse					
ermin		Rodents/ Insects					
Vel	26	Animal/ Fowl					
	27	Ventilation					
Se	28	Doors					
Facilities	29	Floors					
Fа	30	Walls - Ceilings					
	31	Toilet Fac.					
	32	Janitorial Fac.					
	33	Lighting					
30.	34	Clothing - Linen					
Misc.	35	Signs	Ш				
		Misc.					
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site							
Received By (Print): Received by (Signature): Date: Roger Villalpando 5/8/2024							
REHS (Print): REHS (Signature): Phone: Alexa Roche 530-841-2117							

Facility Name:	Senor Tequila Bar							
	The marked items re	present Health Code violations and m	ust be corrected as follows:					
		•						
Received By (Print):	ger Villalpando	Received by (Signature):	Date: 5/8/2024					
REHS (Print): Alexa Ro	che	REHS (Signature):	Phone: 530-841-2117					

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530-841-2117

Alexa Roche

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