



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: Butteville Elementary	Permit # 000173
Address: 24512 Edgewood Rd, Weed CA 96094	
Permit Holder: Butteville Elementary	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-938-2255	E-mail: Adrienne.treur@k12.ca.us
Food Safety Certified Employee: Adrienne Treur	Expiration Date: 08/2028

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			<p style="text-align: center; margin-bottom: 20px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>14)Observed exposed wood in the dry food storage area. Ensure food storage surfaces should be durable, smooth, non-absorbent, and easily cleanable. Repair or replace 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		X	
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
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): Adrienne Treur	Received by (Signature): _____ Date: 10/29/2024
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Butteville Elementary

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

Received By (Print):
Adrienne Treur

Received by (Signature):

Date:
10/29/2024

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: Butteville Elementary

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REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: Butteville Elementary

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

[Empty area for listing health code violations and correction details]

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