## **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: Puerto Vallarta Permit # 000380										
Address: 102 Monatgue Rd. Yreka CA 96097										
Permit Holder: Permit To Operate: Santiago Rodriguez Valid Not Valid										
Phone: 530-842-2257 E-mail: dominic.rodriguez1223@gmail.com										
Food Safety Certified Employee: Tami Gamache Expiration Date: 08/2028										
		456	_		cos	The marked items represent Health Code violations and				
Protection Time/ Temp.	1	Food Temp.		X	X	100 F 8 000 F 0000 F 0000 F 0000 F 1000 F 10	4 (m con ann mailti agus m con 4) ann ann an 150 (mailtir ann an 150 (mailtir ann an 150 (mailtir ann an 150 (m			
	2	Prep./ Service		X	X	ROUTINE INSPECTION CONDUC	TED THIS DATE			
	3	Storage/ Disp.		X		1) 6TH NOTICE: Observed chopped lettuce stored in p	an in an ice hath at 55F. Hold			
	4	Frozen Food				cold food at 41F or colder. Ensure pan is fully submerg				
	5	Pure Food				Voluntarily discarded.				
otec	6	Reused Food				0.00				
	7	Transportation				<ol> <li>Observed refried beans at 111F stored in slow cooked hot food at 135F or hotter. Voluntarily discarded.</li> </ol>	cer at front service station. Hold			
	8	Storage Fac.				not lood at 1551 of notier. Voluntarily discarded.				
Food Storage	9	Refrig. Units				2) Observed ice scoop stored directly on tray used t	tore clean margarita glass. Store			
	10	Thermometer		ă.		ice scoop in a container with handle faced up. Scoop at	nd glasses clean and sanitized.			
-000		Hazardous Mat.		X		2) Observed a dishwasher container reused to store sp	atom point located at food atoms of			
Scale	12	Spoils		X		Ensure containers previously used to store chemicals a				
	,500,000	Wash/ Sanitize		X	X	Voluntarily discarded.				
Æφ	14	Equip. Condition		X						
Uten./Equip.		Utensil Condition				2) 9TH NOTICE: Observed numerous foods (chile relle				
n		Storage				and mushroom mixed, peeled whole onions, and spice				
96		Handwashing		X	X	area, walk-in and reach-in coolers. Cover all foods in st	orage. Correct ASAP.			
oloye		Employee Hygiene		NA CONTRACTOR		3) 5TH NOTICE: Observed raw meats, shrimp, and egg	gs stored above sauces at deli			
Employee		Employee Habits		X	X	prep cabinet. Observed raw meats stored above mole				
	7	Food Cert./ Card		X		Observed ice cream stored next to raw beef in reach-in				
Water		Water				fully cooked food above and on separate shelf from rav	v food. Correct ASAP.			
<b>X</b>		Cross Con.				3) Observed 2 buckets of food stored on the ground in	the walk-in refrigerator. Observed			
Waste		Liquid Waste				chip containers stored on ground at food storage area.				
		Refuse		X		floor. Correct ASAP.				
Vermin	To the same	Rodents/ Insects	$\vdash$							
Ve		Animal/ Fowl			6	<ol> <li>Observed working spray bottles unlabeled at warewashing an spray bottles are labeled or identified with common name. Correct</li> </ol>				
		Ventilation	$\vdash$			spray bottles are labeled or identified with common name	ne. Correct ASAP.			
es	3 2	Doors	$\vdash$		0	12, 19) Observed mold growth in bulk tomatoes boxes	and flan dessert. Produce were			
Facilities		Floors		X		delivered on 1/8/2025. Ensure accepted produce are in				
Fa		Walls - Ceilings	Ш	9		food prep and serve for consumption is pure and free fr	om adulteration.			
		Toilet Fac.	Н			47.40\0\	h handa Handurahina ia ta ha			
		Janitorial Fac.		1		17, 19) Observed employee using the prep sink to was conducted at handwashing station only. Corrected during				
		Lighting					PAGE 1 OF 2			
Misc.		Clothing - Linen								
	0370	Signs								
MAI-		Misc.	TIT -	X	of com	pliance COS = Corrected on-site				
		or violation ( (Print):	701 -	Out (	n COII	pliance COS = Corrected on-site  Received by (Signature):	Date:			
		Carlos I	Nava	rro		goodstood / /mg/mont/	01/10/2024			
REHS (Print): REHS (Signature): Phone: 530-841-2112										

Facility Name: Puerto Vallarta

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

- 13) Observed numerous used wash clothes stored on the prep tables at cook area. Store wash cloths in sani-bucket with sanitizing solution to be disinfected between use. Corrected during inspection.
- 14) 2ND NOTICE: Observed damaged door gaskets to food warmer next to ice machine. Maintain equipment in good repair and fully serviceable. Repair or correct w/in 90 days.
- 14) 3RD NOTICE: Observed "Household Use Only" Hamilton Beach food warmer at front service station. Ensure all equipment utilize in facility are ANSI certified and commercial. Discontinue use, remove, and replace immediately. Provide cut sheets of new replacement equipment for pre-approval prior to purchase and installation.
- 14) Observed a new Vevor blender at the bar in use, not ANSI certified, and installed without pre-approval. Again, ensure all equipment are ANSI certified and are pre-approved by the department prior to purchase and installation. Discontinue use, remove, and replace immediately.
- 20) 3RD NOTICE: Facility was unable to provide food handler cards during inspection. Ensure a copy of all employees food handler and safety manager certificates are on-site and accessible to be reviewed when requested.
- 24) 3RD NOTICE: Observed the lids to the dumpster open. Keep lids closed at all times to prevent attracting and harboring of vermin, rodents, or insects. Corrected during inspection.
- 29) Observed buildup of food debris on the floors and hard to reach places at food storage area, behind reach-in equipment, and walk-in cooler. Maintain facility in clean manner at all times. Clean immediately.
- 36) 4TH NOTICE: Observed the soda beverage tube discharging into the dump sink at the bar. Observed the ice bin tube discharging into the floor sink without a 1" air gap. Ensure equipment that releases liquid waste discharges into the floor sink with a 1" air gap above top level of sink. Repair or correct within 30 days.

\*\*\*\*A REINSPECTION FEE IS ASSESSED FOR REPEAT NON-COMPLIANCE\*\*\*\*\*

A REINSPECTION FEE WILL BE ASSESSED FOR FUTURE REPEAT NON-COMPLIANCE. FAILURE TO COMPLY MAY RESULT IN POSSIBLE PERMIT REVOCATION, SUSPENSION, OR ADMINISTRATIVE HEARING.

Business card provided.

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Received By (Print):
Carlos Navarro

REHS (Print):
Chalyn Dewey

Received by (Signature):

REHS (Signature):

Phone:
530-841-2112

Facility Name:	Puerto Vallarta		
	The marked items repre	esent Health Code violations and must be c	orrected as follows:
Received By (Print): Carl	os Navarro	Received by (Signature):	Date: 01/10/2024
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

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