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: Bogus Elementary Permit # 000116 | | | | | | | | | | | | |
|---|--|-------------------------------|-------|------|--------|--|--|--|--|--|--|--|
| Addres | s: | 13735 Ager Be | eswi | ck R | d., N | Montague, CA | | | | | | |
| Permit | | der: | | | | Permit To Operate: | | | | | | |
| | | Bogus Eler | nent | ary | | X Valid | | | | | | |
| | Phone: 530-459-3163 E-mail: esalvestro@sisnet.ssku.k12.ca.us | | | | | | | | | | | |
| Food S | Safet | y Certified Employ | ee: E | rika | A. S | Salvestro Expiration Date: 03/2029 | | | | | | |
| MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows: | | | | | | | | | | | | |
| Temp. | 1 | Food Temp. | | | | ROUTINE INSPECTION CONDUCTED THIS DATE | | | | | | |
| | 2 | Prep./ Service | | X | | ROUTINE INSPECTION CONDUCTED THIS DATE | | | | | | |
| ne/ | 3 | Storage/ Disp. | | | | | | | | | | |
| Protection Time/ Temp. | 4 | Frozen Food | | | | 2) Observed no sneeze guard installed at the counter of the service line. Install a sneeze | | | | | | |
| | 5 | Pure Food | | | | guard that will intercept a direct line from a person's mouth to protect displayed food | | | | | | |
| | 6 | Reused Food | | | | from contamination. Repair or correct within 90 days. | | | | | | |
| | - | Transportation | | | | 11) Observed chemicals stored in a cabinet above the prep table and dishwasher. To | | | | | | |
| Food Storage | - | Storage Fac. | | | | prevent cross contaminating food or clean equipment, store chemicals below equipment | | | | | | |
| | Name and | Refrig. Units | | | × | and/or utensils. Correct ASAP. | | | | | | |
| | 10 | Thermometer | | | 0 | | | | | | | |
| F00 | | Hazardous Mat. | | × | | | | | | | | |
| 2000 | 3 3 | Spoils | | | 0 | | | | | | | |
| din. | J. 10 Table | Wash/ Sanitize | | | | | | | | | | |
| Uten./Equip. | - | Equip. Condition | | 3 | | | | | | | | |
| Jten | | Utensil Condition | | | | | | | | | | |
| | 1 | Storage | | | | | | | | | | |
| 99 | 77.0 | Handwashing | | | - | | | | | | | |
| Employee | 1000 | Employee Hygiene | | | | | | | | | | |
| Em | | Employee Habits | | | | | | | | | | |
| _ | 10000 | Food Cert./ Card | | | | | | | | | | |
| Water | CONTRACTOR OF | Water Cross Con. | | | | | | | | | | |
| | | | | | 7.5 | | | | | | | |
| Waste | 23 | Liquid Waste Refuse | | | | | | | | | | |
| | | | | | | | | | | | | |
| ermin | | Rodents/ Insects Animal/ Fowl | | | i. | | | | | | | |
| > | - | | | | 2 | | | | | | | |
| | 27 28 | Ventilation | Н | | X. | | | | | | | |
| ties | 29 | Doors | Н | | 9 | | | | | | | |
| Facilities | | Floors Walls - Ceilings | - | | | | | | | | | |
| ш | | | Н | | | | | | | | | |
| | 32 | Toilet Fac. Janitorial Fac. | | | | | | | | | | |
| | - | Lighting | | | | | | | | | | |
| Misc. | Control of | Clothing - Linen | | | | | | | | | | |
| | -50 | Signs | | | | | | | | | | |
| | | 100 BB - 12-1 | | | | | | | | | | |
| MAJ = | | Misc. or violation O | UT = | Out | of con | npliance COS = Corrected on-site | | | | | | |
| Received By (Print): Received by (Signature): Date: Erika Salvestro 01/16/2025 | | | | | | | | | | | | |
| REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112 | | | | | | | | | | | | |

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| REHS (Print): | REHS (Signature): Phor | |
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| Received By (Print): Erika Salv | Received by (Signature): | Date: 01/16/2025 |
| REHS (Print): | REHS (Signature): | Phone: |
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