



Food Program Official Inspection Report

SISKIYOU COUNTY PUBLIC HEALTH
& COMMUNITY DEVELOPMENT

806 S. Main Street

Yreka, California 96097

ph: (530) 841-2100, fax: (530) 841-4076

Facility Name: Holiday Rentals Mt. Shasta CMHC# _____
 Address: 418 N. Mt. Shasta Blvd, Mount Shasta, CA 96067
 Permit Holder: Amy Hoss Permit To Operate: Valid Not Valid
 Phone: 530-859-2972 E-mail: amyhoss68@gmail.com
 Food Safety Certified Employee: NA Expiration Date: _____

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<u>Pre-opening Inspection Conducted This Date</u>
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			<u>This facility is approved to open and operate as a commercial kitchen with the following conditions:</u>
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			<ul style="list-style-type: none"> <u>Obtain all necessary permits and licenses prior to open.</u> <u>Have ANSUC system inspected.</u>
	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
Employee	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
Water	19	Employee Habits			
	20	Food Cert./ Card			
Waste	21	Water			
	22	Cross Con.			
Vermitt	23	Liquid Waste			
	24	Refuse			
Facilities	25	Rodents/ Insects			
	26	Animal/ Fowl			
	27	Ventilation			
Misc.	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
Misc.	33	Lighting			
	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

Received By (Print): Amy Hoss Received by (Signature): [Signature] Date: 11-29-21
 REHS (Print): Rick Flanagan REHS (Signature): [Signature] Phone: 841-2114