



**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: MT. Shasta Ranch B&B CMHC# 100259  
 Address: 1008 W.A. Barr Rd.  
 Permit Holder: MT. Shasta Ranch B&B LLC Permit To Operate:  Valid  Not Valid  
 Phone: 530-926-3870 E-mail: \_\_\_\_\_  
 Food Safety Certified Employee: Kris O'Shaughnessy Expiration Date: 12/2023

|                        |                      | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: |
|------------------------|----------------------|-----|-----|-----|---|
| Protection Time/ Temp. | 1 Food Temp.         |     |     |     | <i>Routine Inspection Conducted This Date.</i>                                      |
|                        | 2 Prep./ Service     |     |     |     |   |
|                        | 3 Storage/ Disp.     |     |     |     |   |
|                        | 4 Frozen Food        |     |     |     |   |
|                        | 5 Pure Food          |     |     |     |   |
|                        | 6 Reused Food        |     |     |     |   |
|                        | 7 Transportation     |     |     |     |   |
| Food Storage           | 8 Storage Fac.       |     |     |     | <i>Satisfactory at present time.</i>  |
|                        | 9 Refrig. Units      |     |     |     |   |
|                        | 10 Thermometer       |     |     |     |   |
|                        | 11 Hazardous Mat.    |     |     |     |   |
|                        | 12 Spoils            |     |     |     |   |
| Uten./Equip.           | 13 Wash/ Sanitize    |     |     |     |   |
|                        | 14 Equip. Condition  |     |     |     |   |
|                        | 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            |     |     |     |   |
| Vermif                 | 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): Kris O'Shaughnessy Received by (Signature): [Signature] Date: 10-25-22  
 REHS (Print): Rick Florendo REHS (Signature): [Signature] Phone: 530-841-2114

Last modified 1/28/2011