



**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: <i>Holiday Rentals</i>	CMHC#
Address: <i>418 N. ML. Shasta Blvd., ML. Shasta, CA 96067</i>	
Permit Holder: <i>Holiday Rentals ML. Shasta LLC</i>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <i>530-859-2972</i>	E-mail: <i>amy.hoss68@gmail.com</i>
Food Safety Certified Employee: <i>NA</i>	Expiration Date:

		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>Facility is closed for a remodel. Contact this department when ready to re-open.</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): <i>Amy Hoss</i>	Received by (Signature): <i>[Signature]</i>	Date: <i>4-10-23</i>
REHS (Print): <i>Rob Flucendo</i>	REHS (Signature): <i>[Signature]</i>	Phone: <i>530-841-2114</i>