



### 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: <b>Mt Shasta Elementary</b>	Permit # <b>607917</b>
Address: <b>501 Cedar St Mt Shasta CA</b>	
Permit Holder: <b>Mt Shasta Elementary</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-926-3434</b>	E-mail: <b>eperuzzi@msusd.org</b>
Food Safety Certified Employee: <b>Eran Peruzzi</b>	Expiration Date: <b>03/2025</b>

		MAJ	OUT	COS		
					The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE  Satisfactory at present time.
	2	Prep./ Service				
	3	Storage/ Disp.				
	4	Frozen Food				
	5	Pure Food				
	6	Reused Food				
	7	Transportation				
Food Storage	8	Storage Fac.				
	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				
Vermin	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):	Received by (Signature):	Date:
REHS (Print):	REHS (Signature):	Phone:

**Facility Name:** Mt Shasta Elementary

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

Received By (Print):

Received by (Signature):

Date:

REHS (Print):

REHS (Signature):

Phone:

**Facility Name:** Mt Shasta Elementary

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

[Empty area for listing violations and corrections]

Received By (Print): \_\_\_\_\_ Received by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

REHS (Print): \_\_\_\_\_ REHS (Signature): \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Name:** Mt Shasta Elementary

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

Empty space for listing corrections.

Received By (Print): Received by (Signature): Date:

REHS (Print): REHS (Signature): Phone: