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	/ Na	me: Mount Sha	asta '	Vale	ro		Permit # 000352
Address: 205 W. Lake St, Mount Shasta, CA, 96067							
Permit Holder: Permit To Operate:							
	Dennis Erickson   Valid   Not Valid						
Phone	Phone: 530-926-2112 E-mail: unavailable at this time						
Food S	Food Safety Certified Employee: NA - at present time Expiration Date:						
			MAJ			The marked items represent Health Code violations and	d must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.					
	2	Prep./ Service				ROUNTINE INSPECTION CONDCTED THIS DATE	
	3	Storage/ Disp.		X			
	4	Frozen Food				3) Observed bags of ice and other boxes of food store	ed on the floor of the walk-in
	5	Pure Food				freezer. Store all food at least 6 inches off the ground	
otec	6	Reused Food					
Ą	7	Transportation					
d)	8	Storage Fac.					
rage	9	Refrig. Units					
Stc	10	Thermometer					
Food Storage	11	Hazardous Mat.					
<u> </u>	12	Spoils					
ip.	13	Wash/ Sanitize					
Uten./Equip.	14	Equip. Condition					
ten.	15	Utensil Condition					
	16	Storage					
e	-	Handwashing					
Employee	-	Employee Hygiene					
ШШ		Employee Habits					
		Food Cert./ Card					
Water		Water					
		Cross Con.					
Waste	-	Liquid Waste					
		Refuse					
Vermin	-	Rodents/ Insects Animal/ Fowl					
>	-						
		Ventilation Doors					
ities	-	Floors	_				
Facilities		Walls - Ceilings					
ш		Toilet Fac.					
	32	Janitorial Fac.					
	33	Lighting					
Ġ		Clothing - Linen		$\neg$			
Misc.		Signs		$\neg$			
		Misc.					
MAJ =	Мај	or violation C	DUT =	Out o	f com	pliance COS = Corrected on-site	
		y (Print): Brenda	Sedi	n		Received by (Signature):	05/02/2023
REHS	Print	Rick Florenc	do			REHS Signature	Phone: 530-841-2114
		Dara 1					Last modified 4/12/2023

Last modified 4/12/2023

Facility Name:	Mount Shasta Valero			
	The marked items repre	sent Health Code violations and m	ust be corrected as follows	
		ζ.		
Received By (Print):		Received by (Signature):	C	Date:
Br	enda Sedin			05/02/2023
REHS (Print):		REHS (Signature):	F	hone:
Rick Flor	rendo			530-841-2114
Page 2				

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	nda Sedin	REHS (Signature):		05/02/2023 Phone:
Rick Flo Page 3	rendo			530-841-2114

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REHS (Print): Rick Flo Page 4	REHS (Signature): rendo	F	Phone: 530-841-2114