

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: McCloud F	River M	ercan	tile		Permit # 000319			
Addre	ss:	237 Main St., I								
Permit	: Hol	^{der:} Kevin Math	nis				Permit To Operate: Valid No	ot Valid		
Phone	: <u> </u>	530-964-2602				E-mail: info@mcclou	dmercantile.com			
Food S	Safe	ty Certified Employe	ee: r	arlen	e Mathis		Expiration Date:	9/2024		
Darlene Mathis MAJ OUT COS						The marked items represent Health	n Code violations and must be corrected as follow			
Protection Time/ Temp.	1	Food Temp.								
	2	Prep./ Service				ROUTINE INSPECTI	ON CONDUCTED THIS DATE			
	3	Storage/ Disp.								
	4	Frozen Food								
	5	Pure Food				Satisfactory at Present Time				
	6	Reused Food								
	7	Transportation								
Φ	8	Storage Fac.								
Food Storage	9	Refrig. Units								
	10	Thermometer								
	_	Hazardous Mat.								
	12	Spoils								
uip.		Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
Iten		Utensil Condition								
	1	Storage								
9	_	Handwashing								
Employee		Employee Hygiene								
Ш		Employee Habits								
<u>_</u>	1	Food Cert./ Card Water								
Water	-	Cross Con.								
<u> </u>	}	Liquid Waste								
Waste	_	Refuse								
<u>></u> _:⊑	 	Rodents/ Insects								
Vermin	-	Animal/ Fowl								
	1	Ventilation								
		Doors								
Facilities	-	Floors								
-acil	-	Walls - Ceilings								
	-	Toilet Fac.								
		Janitorial Fac.								
	33	Lighting								
Misc.		Clothing - Linen								
		Signs								
		Misc.								
	Мај	or violation O	UT = Ou	t of con	npliance	COS = Corrected on-site				
Receiv	ed By	y (Print): Darlene	Mathis	<u> </u>		Received by fignature.	Date: 05/03/202	3		
REHS	(Print	Rick Florend	0		_	REHS (Signature):	Phone: 530-841-;	2114		
										

Page 1

Last modified 4/12/2023

Facility Name:	McCloud River Mercantile	
	The marked items represent Health Code violations and mus	et be corrected as follows:
	Described to (Ormania)	
Received By (Print):	Received by (Signature): urlene Mathis	Date: 05/03/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	1cCloud River Mercantile	
	The marked items represent Health Code violations and must be corrected as follows	3:
Received By (Print):	Received by (Signature):	Date:
Darler	ne Mathis	05/03/2023
RFHS (Print).	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	McCloud River Mer	cantile	
	The marked items re	epresent Health Code violations and must be co	rrected as follows:
	lene Mathis	Received by (Signature):	Date: 05/03/2023
REHS (Print): Rick Flor	endo	REHS (Signature):	Phone: 530-841-2114