Surry OF SISHING

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: Harvest R	esta	urar	ıt	Permit # 000416				
Address: 1121 S. Mount Shasta Blvd., Mount Shasta, CA, 96067										
Permit	Hol	^{der:} Todd Anth	is			Permit To Operate: ● Valid				
Phone		530-926-2813				E-mail: todda@americorinc.net				
Food Safety Certified Employee: Sarah McCreary Expiration Date: 03/2028										
	MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:									
Protection Time/ Temp.	1	Food Temp.	1717.10	X	X					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
	3	Storage/ Disp.								
	4	Frozen Food				1) Observed food stored in top of deli prep at 47 degrees F. Hold all cold food at				
	5	Pure Food				41 degrees F or colder. Moved to colder refrigeration unit during inspection.				
	6	Reused Food				44) Observed by the of order to be to the total order to the total ord				
Ы	7	Transportation				11) Observed bottles of unlabeled chemicals stored in the kitchen area. Label all				
Ф	8	Storage Fac.				chemical bottles to help ensure proper storage and use.				
Food Storage	9	Refrig. Units				13) Observed build-up inside ice machine. Clean asap.				
Stc	10	Thermometer				, and a sum of month of the sum o				
-000	11	Hazardous Mat.		X						
-	12	Spoils								
Uten./Equip.	13	Wash/ Sanitize		X						
	14	Equip. Condition								
ten.		Utensil Condition								
n	16	Storage								
e O		Handwashing								
loye	18	Employee Hygiene								
Employee		Employee Habits								
		Food Cert./ Card								
Water		Water								
		Cross Con.	-							
Waste		Liquid Waste								
		Refuse								
Vermin	_	Rodents/ Insects								
>		Animal/ Fowl								
	27	Ventilation Doors	Н							
ties										
Facilities		Floors Walls - Ceilings	Н							
Œ.		· ·								
	32	Toilet Fac. Janitorial Fac.								
		Lighting Clothing - Linen	Н	-						
Misc.		Signs								
2		Misc.								
MAJ =			OUT =	Out o	of con	npliance COS = Corrected on-site				
Received By (Print): Todd Anthis O6/05/2023										
REHS (Print): Rick Florendo Rick Florendo Rick Florendo										
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Page 1 Last modified 4/12/2023

Facility Name:	Harvest Restaurant	
	The marked items represent Health Code violations and	must be corrected as follows:
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	- :	
Received By (Print):	Received by (Signature): odd Anthis	Date: 06/05/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Harvest Restaurant		
	The marked items rep	resent Health Code violations and must be co	prrected as follows:
<u> </u>		Descript hy (Circums)	
	d Anthis	Received by (Signature):	Date: 06/05/2023
REHS (Print): Rick Flo		REHS (Signature):	Phone: 530-841-2114

Facility Name:	Harvest Restaurant	
	The marked items represent Health Code violations and must be corrected as follows	:
	December of the (Company)	
	dd Anthis	Pate: 06/05/2023
REHS (Print): Rick Floi	REHS (Signature): F	Phone: 530-841-2114