

## **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	Rive	r Me	rcan	tile							Permit #	000319	
Addres	SS:	237 Main St.,	McC	loud	, CA	, 96057									
Permit Holder: Permit To O															
Phone															
550-904-2002 info@mccloudmercantile.com															
F000 S	sare	ty Certified Employ	yee: [	Darle	ne N	/lathis							Expiration	Date.	
	MAJ OUT COS							The marked items represent Health Code violations and must be corrected as follows:							
Protection Time/ Temp.	1	Food Temp.					ROU	JTINE INS	SPECT	ION C	ONDUCTE	D THIS	DATE		
	-	Prep./ Service	1005 (Q010 - 0V)				ROUTINE INSPECTION CONDUCTED THIS DATE								
	-	Storage/ Disp.													
	2/3	Frozen Food								_					
	1800	Pure Food	1					Satisfactory at Present Time							
	-	Reused Food													
	93/12	Transportation	-												
Food Storage	-	Storage Fac.	1 20 20												
	Name and	Refrig. Units	$\vdash$												
		Thermometer			0										
		Hazardous Mat.	1												
		Spoils			8										
Uten./Equip.	, 500 to 20	Wash/ Sanitize	-												
		Equip. Condition	4												
Jten		Utensil Condition	-												
_		Storage	1		-										
99,	- 100	Handwashing													
Employee		Employee Hygiene													
E	_	Employee Habits Food Cert./ Card	4												
_	7	Water	+												
Water		Cross Con.													
V	-	Liquid Waste	1		5										
Waste	200	Refuse	+												
i.	- 7	Rodents/ Insects		3	-										
Vermin		Animal/ Fowl	1												
/		Ventilation			0										
2000		Doors	Н												
Facilities		Floors	Н		8										
acil		Walls - Ceilings	-												
ш.		Toilet Fac.	Н												
		Janitorial Fac.	Н												
		Lighting	Н	4											
80.00		Clothing - Linen													
Misc.	_	Signs													
2		Misc.													
MAJ =			= TUC	Out	of com	pliance	COS = Co	orrected on-	site	0	$\triangle$				
No.	X B	(Print):	ni)	ll0	W		Received I	by (Signature	Xou	人			Date: 06/	/07/2023	
REHS (	Print	Rick Florence	do		<del></del>	-	PHS S	gyrature/			, ,		Phone: 53	30-841-2114	
		III— IIII					- P		_					Last modified	4/40/0000

Page 1 Last modified 4/12/20

Facility Name:	McCloud River Mercantile	
	The marked items represent Health Code violations and must be corre	ected as follows:
	<b>X</b>	
Described By (B. C. C.	Described by /Circature)	Data
Received By (Print):	Received by (Signature):	Date: 06/07/2023
RFHS (Print)	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	McCloud River Mercantile	
	The marked items represent Health Code violations and must be correcte	d as follows:
	· ·	
Received By (Print):	Received by (Signature):	Date:
		06/07/2023
REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114

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	The marked items represent Health Code violations and must be corrected as	s follows:
Received By (Print):	Received by (Signature):	Date: 06/07/2023
REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114