## ONTY OF SISTING

## **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: Mount Shasta Community Center Permit # 000344											
Address: 629 Alder St., Mount Shasta, CA, 96067											
Permit	Permit Holder:  Masonic Lodge  Permit To Operate:  O Valid  Not Valid							t Valid			
Phone: 530-859-1285 E-mail: annemurphy0261@yahoo.com											
Food S	Food Safety Cortified Employee:										
Bryan Hanson  MAJ OUT COS  The marked items represent Health Code violations and must be corrected as follows:											
Protection Time/ Temp.	1	Food Temp.	1717 (0	001 0		·					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food									
	5	Pure Food									
	6	Reused Food				Satisfactory at present time.					
Ь	7	Transportation									
<u>o</u>	8	Storage Fac.									
oraç	9	Refrig. Units									
Food Storage	10	Thermometer									
		Hazardous Mat.									
		Spoils									
uip.		Wash/ Sanitize			_						
Uten./Equip.		Equip. Condition			_						
Jten	-	Utensil Condition			_						
		Storage									
,ee	-	Handwashing									
Employee		Employee Hygiene									
Em		Employee Habits Food Cert./ Card									
<u>.</u>		Water									
Water		Cross Con.			-						
te /		Liquid Waste									
Waste		Refuse									
		Rodents/ Insects									
Vermin		Animal/ Fowl									
		Ventilation									
w	28	Doors									
Facilities	29	Floors									
Fac	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
ŠĊ.	34	Clothing - Linen									
Misc.	-	Signs									
		Misc.				-					
MAJ = Major violation OUT = Out of compliance OS = Corrected on-site											
Received By (Print): Anne Murphy  Received by (Signature):  06/12/2023						3					
REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-2114						2114					
Page 1 Lastr						nodified 4/12/2023					

Facility Name:	Mount Shasta Community Center	
	The marked items represent Health Code violations and m	ust be corrected as follows:
•		
Received By (Print):	Received by (Signature):	Date:
	ne Murphy	06/12/2023
REHS (Print)	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Mount Shasta Commu	nity Center	
	The marked items repr	esent Health Code violations and must be cor	rected as follows:
Received By (Print): Ann	e Murphy	Received by (Signature):	Date: 06/12/2023
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114

Facility Name:	Mount Shasta Comm	nunity Center	
	The marked items re	present Health Code violations and must be co	rrected as follows:
Descrived Dr. (Dr. 1)		Received by (Signature):	Data:
	ne Murphy		Date: 06/12/2023
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114