



### 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: <b>McCloud Hotel</b>                              | Permit # <b>000315</b>   |
| Address: <b>408 Main St. McCloud, CA</b>                         |  |
| Permit Holder: <b>McCloud Hotel Group, INC., Cynthia Rosmann</b> | Permit To Operate:<br><input checked="" type="radio"/> Valid <input type="radio"/> Not Valid |
| Phone: <b>530-964-2822</b>                                       | E-mail: <b>innkeeper@mccloudhotel.com</b>  |
| Food Safety Certified Employee: <b>Cynthia Rosmann</b>           | Expiration Date: <b>6/2020</b>   |

|                       |                      | MAJ             | OUT | COS | The marked items represent Health Code violations and must be corrected as follows:  |
|-----------------------|----------------------|-----------------|-----|-----|--|
| Protection Time/Temp. | 1 Food Temp.         |                 |     |     | <p style="text-align: center; font-weight: bold; margin-top: 0;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>3, 25) Observed excessive rodent or vermin droppings throughout facility. Ensure food is stored in the facility that is pure and free from adulteration, protected from dirt or vermin droplets, or other environmental sources of contamination. Obtain a rodent control service within 10 days.</p> <p>11) Observed unlabeled bottles of hazardous materials in the ware-washing area. Ensure all labels are marked to avoid misuse of chemicals. Correct immediately.</p> <p>13, 14) Observed ware-washing machine dispensing 0ppm of Chlorine disinfectant. Ensure mechanical equipment is measuring at 50ppm of Chlorine. Utilize 3 -compartment sink to wash, rinse, and sanitize equipment or utensil until repair has been made and ensure disinfectant is measuring at 100ppm for Chlorine and 200ppm for Quat.</p> <p>16) Observed bare-wood shelving used to store clean utensils, above the ware-washing area. Maintain all food contact surfaces to be smooth, durable, nonabsorbent and easily cleanable. Correct immediately.</p> <p>20) Observed facility does not have a current food manager. Ensure a copy of the food manager certificate is readily available upon the next inspection.</p> <p>29) Observed buildup of food and dirt throughout the facility and hard to reach places. Maintain the floors of the facility in a cleanly manner at all times. Correct immediately.</p> <p>29) Observed baseboard missing behind the ware-washing area. Ensure all floor services has at least 4 inch baseboard from the floor up. Correct within 90 days.</p> |
|                       | 2 Prep./ Service     |                 |     |     |  |
|                       | 3 Storage/ Disp.     |                 | X   |     |  |
|                       | 4 Frozen Food        |                 |     |     |  |
|                       | 5 Pure Food          |                 |     |     |  |
|                       | 6 Reused Food        |                 |     |     |  |
|                       | 7 Transportation     |                 |     |     |  |
| Food Storage          | 8 Storage Fac.       |                 |     |     |  |
|                       | 9 Refrig. Units      |                 |     |     |  |
|                       | 10 Thermometer       |                 |     |     |  |
|                       | 11 Hazardous Mat.    |                 | X   |     |  |
| Uten./Equip.          | 12 Spoils            |                 |     |     |  |
|                       | 13 Wash/ Sanitize    |                 | X   |     |  |
|                       | 14 Equip. Condition  |                 | X   |     |  |
|                       | 15 Utensil Condition |                 |     |     |  |
| Employee              | 16 Storage           |                 | X   |     |  |
|                       | 17 Handwashing       |                 |     |     |  |
|                       | 18 Employee Hygiene  |                 |     |     |  |
|                       | 19 Employee Habits   |                 |     |     |  |
| Water                 | 20 Food Cert./ Card  |                 | X   |     |  |
|                       | 21 Water             |                 |     |     |  |
|                       | 22 Cross Con.        |                 |     |     |  |
|                       | Waste                | 23 Liquid Waste |     |     |  |
| 24 Refuse             |                      |                 |     |     |  |
| Vermin                | 25 Rodents/ Insects  |                 | X   |     |  |
|                       | 26 Animal/ Fowl      |                 |     |     |  |
| Facilities            | 27 Ventilation       |                 |     |     |  |
|                       | 28 Doors             |                 |     |     |  |
|                       | 29 Floors            |                 | X   |     |  |
|                       | 30 Walls - Ceilings  |                 |     |     |  |
|                       | 31 Toilet Fac.       |                 |     |     |  |
|                       | 32 Janitorial Fac.   |                 |     |     |  |
|                       | 33 Lighting          |                 |     |     |  |
| Misc.                 | 34 Clothing - Linen  |                 |     |     |  |
|                       | 35 Signs             |                 |     |     |  |
|                       | 36 Misc.             |                 |     |     |  |

|   |
|---|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site                             |
| Received By (Print): <b>Marianne Endoso</b> Received by (Signature): _____      Date: <b>10/10/2023</b> |
| REHS (Print): <b>Chalyn Dewey</b> REHS (Signature): _____      Phone: <b>530-841-2112</b>               |

**Facility Name:** McCloud Hotel

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|                               |                   |                        |
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