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

						priorio: (000) 011 2100, tax. (000) 01	1 1070
Facility	/ Na	me: Mt. Shasta	a Ra	nch	B & I	 B	Permit # 000418
Addres	ss:					Shasta, CA 96067	
Permit	Hol	^{der:} Mt. Shasta	Rar	nch E	3 & E	3, LLC	Permit To Operate: • Valid Not Valid
Phone	C	30-926-3870				E-mail: shastaranchbnb@g	
Food S	Safet	y Certified Employ	^{'ee:} k	Cris C	D' Sh	naughnessy	Expiration Date: 12/2023
				OUT		The marked items represent Health Code v	iolations and must be corrected as follows:
<u>ā</u>	1	Food Temp.				DOLITINE INCRECTION CON	ADDICTED THIS DATE
Protection Time/ Temp.	2	Prep./ Service				ROUTINE INSPECTION CON	NDOCTED THIS DATE
	3	Storage/ Disp.					
	4	Frozen Food					
	5	Pure Food					
ote.	6	Reused Food					
Ā	7	Transportation				SATISFACTORY AT I	DRESENT TIME
Φ	8	Storage Fac.				GATIOI ACTORT ATT	TREGERT TIME
rag	9	Refrig. Units					
Food Storage	10	Thermometer					
роо	11	Hazardous Mat.					
ш	12	Spoils					
.di	13	Wash/ Sanitize					
Uten./Equip.	14	Equip. Condition					
en./	15	Utensil Condition					
Ď	16	Storage					
Φ	17	Handwashing					
oye	18	Employee Hygiene					
Employee	19	Employee Habits					
Ш	20	Food Cert./ Card					
iter	21	Water					
Water	22	Cross Con.					
Waste	23	Liquid Waste					
Wa	24	Refuse					
Vermin	25	Rodents/ Insects					
Ver	26	Animal/ Fowl					
	27	Ventilation					
S	28	Doors					
Facilities	29	Floors					
Fас	30	Walls - Ceilings					
	31	Toilet Fac.					
	32	Janitorial Fac.					
	33	Lighting					
Ö.	34	Clothing - Linen					
Misc.	35	Signs					
		Misc.					
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site							
Receive	ed By	(Print): Kris O'S	Shau	ghne	essy	Received by (Signature):	Date: 11/08/2023
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112							

Facility Name:	Mt. Shasta Ranch B & B	
	The marked items represent Health Code violations and must be corrected as follows:	
	•	
Received By (Print):	Received by (Signature): Date:	
	<u> </u>	11/08/2023
REHS (Print): Chalyn Do	REHS (Signature): Phone ewey 530	::)-841-2112

Facility Name: Mt. Shasta Ranc	h B & B	
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Received By (Print):	Received by (Signature):	Date:
Kris O'Shaughnessy	DELIG (C'	11/08/2023
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

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Kris (O'Shaughnessy	11/08/2023
REHS (Print):	REHS (Signature):	Phone:
Chalyn De	Dewey	530-841-2112