

## **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	Facility Name: McCloud River Inn B&B Permit # 000318										
Addres	SS:	325 Lawndale									
Permit	Hol	<sup>der:</sup> Dan and J	ulie F	onz	ini		Permit To Operate:  Not Valid Not Valid				
Phone	: 7	07-794-9853				E-mail: mccloudriverbnb@gmail.com					
Food S		ty Certified Employ	yee:				Expiration Date:				
			MAJ	OUT	COS	The marked items represent Health Code violations and m	ust be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.				DOLITING INCORPOTION CONDITIONS TO	UO DATE				
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED TH	IIS DATE				
	3	Storage/ Disp.									
	4	Frozen Food									
	5	Pure Food									
	6	Reused Food				20) Obtain a food manager certificate within 60 days.					
Ā	7	Transportation									
4)	8	Storage Fac.									
Food Storage	9	Refrig. Units									
	10	Thermometer									
	11	Hazardous Mat.									
	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	_	Equip. Condition									
∍n./E	15	Utensil Condition									
Ţ	-	Storage									
4)	17	Handwashing									
уее		Employee Hygiene									
Employee	19	Employee Habits									
ш	_	Food Cert./ Card		X							
ter	21	Water									
Water	22	Cross Con.									
ste	23	Liquid Waste									
Waste	24	Refuse									
Vermin	25	Rodents/ Insects									
Verr	26	Animal/ Fowl									
	27	Ventilation									
m	28	Doors									
Facilities	29	Floors									
Faci	30	Walls - Ceilings									
	31	Toilet Fac.	П								
	32	Janitorial Fac.	П								
	33	Lighting									
Misc.		Clothing - Linen									
	35	Signs									
		Misc.	П								
	Мај	or violation (	OUT =	Out	of com	pliance COS = Corrected on-site					
Receive	ed By	Julie Po	nzin	i		Received by (Signature):	Date: 11/16/2023				
REHS (Print): Rick Florendo						REHS (Signature):	Phone: 530-841-2114				

Facility Name:	McCloud River Inn B&B	
	The marked items represent Health Code violations and must be	pe corrected as follows:
Received By (Print): Ju	Received by (Signature): lie Ponzini	Date: 11/16/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name: McCloud River I	nn B&B	
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	<b>C</b>	
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Julie Ponzini	,, ,	11/16/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	McCloud River Inn E	3&B	
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No. 10 (51.5)		Descriped by (Circustoria)	5.
	e Ponzini	Received by (Signature):	Date: 11/16/2023
REHS (Print): Rick Flor	rendo	REHS (Signature):	Phone: 530-841-2114

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