

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: Shasta Valley Meats Permit # 000420											
Address: 410 S 11 Street Montague 96064											
Permit	Hol	der:	hlin			Permit To Operate:					
Phone:	,	Doug Ham	DIIII			E-mail: sheetayallaymaatahutahar@gmail.aam					
530-459-5419 shastavalleymeatsbutcher@gmail.com											
Food Safety Certified Employee: Expiration Date:											
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.									
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food				20) A current Food Manager certification was not available for inspection on site. Facility is					
	5	Pure Food									
ote.	6	Reused Food				instructed to keep current food manager certification on site available for inspection.					
ď	7	Transportation									
Ө	8	Storage Fac.									
Food Storage	9	Refrig. Units									
	10	Thermometer									
	11	Hazardous Mat.									
	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
en./	15	Utensil Condition									
ž	16	Storage									
Ф	17	Handwashing									
oye	18	Employee Hygiene									
Employee	19	Employee Habits									
ш	20	Food Cert./ Card		X							
Water	21	Water									
W	22	Cross Con.									
Waste	23	Liquid Waste									
	24	Refuse									
Vermin	25	Rodents/ Insects									
Ver	26	Animal/ Fowl									
	27	Ventilation									
Se	28	Doors									
Facilities	29	Floors									
Fa	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
Misc		Clothing - Linen									
	35	Signs									
		Misc.									
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: Doug Hamblin 11/8/2023											
REHS (Print): REHS (Signature): Phone: 530-841-2117											

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	The marked items represent Health Code violations and must b	e corrected as follows:
	·	
Received By (Print):	Received by (Signature):	Date:
	g Hamblin	11/8/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Shasta Valley Meats	
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REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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Received By (Print): Dou	ıg Hamblin	Received by (Signature):	Date: 11/8/2023					
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117					