

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: Mt. Shasta Ski Park Permit # 000353							Permit # 000353			
Addres	ss:	104 Siskiyou <i>P</i>	\ve.	Mt. S	Shas	ta, CA				
Permit	Hol	der: Merlot Fan	nily T	rust			Permit To Operate: Valid Not Valid			
Phone	Phone: 530-926-8610 E-mail: adamcrazymadchef@gmail.com									
Food S	Food Safety Certified Employee: Expiration Date:									
			MAJ	OUT	cos	The marked items represent Health Code violation	ns and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.				•				
	2	Prep./ Service				ROUTINE INSPECTION CONDUC	NSPECTION CONDUCTED THIS DATE			
Je/ T	3	Storage/ Disp.				9) Observed finishes on the floors and walls of the	loors and walls of the walk-in coolers are severely worn and s are smooth, durable, easily cleanable, and non-			
Tim	4	Frozen Food								
tion	5	Pure Food				absorbent. Repair or replace within 90 days.	•			
otec	6	Reused Food				44) Observational statement of the control of the co				
Pr	7	Transportation					es throughout the facility. Ensure all working bottles are			
ď)	8	Storage Fac.				labeled to avoid mishandling of hazardous materials. Correct asap.				
Food Storage	9	Refrig. Units		X		14) Observed numerous pieces of damaged equi	ipment throughout the facility. Maintain			
	10	Thermometer				equipment to be cleanable and serviceable at all times. Repair or replace wit				
	11	Hazardous Mat.		X		40.01				
	12	Spoils				14) Observed several finishes for shelving, counted These surfaces are required to be smooth, durable				
Uten./Equip.	13	Wash/ Sanitize				absorbent. Seal, paint, or replace this wood within				
	14	Equip. Condition		X		about one. Coal, paint, or replace the wood with	n oo daye.			
en./	15	Utensil Condition				17) Observed missing single use paper towels at multiple handwashing facilities. Ensure the handwashing stations are constantly equipped with hand soap, warm				
Ţ	16	Storage					equipped with hand soap, warm water,			
Ø)	17	Handwashing		X		and single-use paper towel in a dispenser.				
loye	18	Employee Hygiene				20) Facility doesn't currently have a food manager certification. Obtain a new fo				
Employee	19	Employee Habits				manager certification with 60 days.	obtained now rood			
	20	Food Cert./ Card		X		•				
Water	_	Water				29) Observed damaged to vinyl floorings throughout the facility. Maintain all flo				
		Cross Con.				smooth, durable in construction, easily cleanable, and nonabsorbent. Additionare several areas where the baseboard molding is damaged or completely missing the complete of the complete of the control o				
Waste	_	Liquid Waste				Repair or correct within 90 days.	s damaged or completely missing.			
×		Refuse				Nopali of correct Maint oc dayo.				
/ermin	_	Rodents/ Insects					lds and ceiling panels throughout the facility. Maintain			
Ve		Animal/ Fowl				these structures are fully serviceable and ensure food are protected from cont				
		Ventilation				Repair within 90 days.				
es		Doors				30) Observed numerous holes and damaged finis	shes on the walls throughout the			
Facilities		Floors		X			e walls are smooth, durable, easily cleanable, and			
Fa		Walls - Ceilings		X		non-absorbent. Repair within 90 days.				
		Toilet Fac.				Note: This facility is a sufermine found appropriate	in a charle on the top of the Develop			
		Janitorial Fac.	Ш			Note: This facility is performing food preparation				
		Lighting	ш			Ski Run, that doesn't meet the minimum requirements for food preparation. Thi operation will be reevaluated for safety, prior to season opening.				
Misc.	-	Clothing - Linen				,	-1 - J			
Ξ		Signs	Н							
MA L		Misc.		Out a	f oor	pliance COS - Corrected on site				
			<i>J</i> UI =	Out C	n COIT	pliance COS = Corrected on-site Received by/(Signature); /	Date:			
Received By (Print): Adam Ornellas Received by (Signature): 12/05/2023										
REHS (Print): Phone: Chaylin Dewey 530-841-2112										

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	The marked items represent Health Code violations and must be corrected as follows	:
	•	
Received By (Print):		Date:
	am Ornellas	12/05/2023
REHS (Print): Chaylin D	REHS (Signature): F	Phone: 530-841-2112

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REHS (Print): Chaylin	Dewey	REHS (Signature):	Phone: 530-841-2112

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