

Food Program Official Inspection Report

OSULTI OF SISTING

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: Burger King - Mount Shasta Permit # 000167									
Address: 410 W. Lake St., Mount Shasta, CA 96067									
Permit Holder: Norcal Co-Brands Inc. Permit To Operate: O Valid Not Valid									
Phone	: 6	25-292-8359			E-mail: bk07238@ghaimanagement.com				
Food S	Safe	ty Certified Employ	ree: Sher	i \//o/					
			MAJ OUT		The marked items represent Health Code violations and must be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.	WAS COT	000					
		Prep./ Service			FOLLOW-UP INSPECTION CONDUCTED THIS DATE				
		Storage/ Disp.							
	4	Frozen Food							
	5	Pure Food							
otec	6	Reused Food			This facility is approved to reopen as a follow-up to the 12/12/2023 closure.				
Pro	7	Transportation			·				
_	8	Storage Fac.							
age.	9	Refrig. Units							
Food Storage	10	Thermometer							
poc	11	Hazardous Mat.							
Fc	12	Spoils							
ġ.	13	Wash/ Sanitize							
Uten./Equip.	14	Equip. Condition							
l/:ue	15	Utensil Condition							
ž	16	Storage							
d)	17	Handwashing							
Employee	18	Employee Hygiene							
mpl	19	Employee Habits							
Ш	20	Food Cert./ Card							
Water	21	Water							
Ma	22	Cross Con.							
Waste	23	Liquid Waste							
Ma	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.							
		Lighting							
Misc.		Clothing - Linen	\square						
		Signs							
NAA 1		Misc.	UIT O	of acc	pliance COS - Corrected on aits				
		or violation C / (Print):	OUT = Out	OI COM	pliance COS = Corrected on-site Received by (Signature): Date:				
Sheri Woods 12/13/2023									
REHS (Print): Rick Florendo					REHS (Signature): Phone: 530-841-2114				

Facility Name: Burger King - Mount Shasta			
	The marked items re	epresent Health Code violations and must be co	prrected as follows:
		×.	
Received By (Print):		Received by (Signature):	Date:
Sh	eri Woods		12/13/2023
REHS (Print): Rick Flor	endo	REHS (Signature):	Phone: 530-841-2114

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Sheri W		12/13/2023
RFHS (Print)	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

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Received By (Print): She	eri Woods	Received by (Signature):	Date: 12/13/2023					
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114					

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