



**Food Program Official Inspection Report**  
 SISKIYOU COUNTY PUBLIC HEALTH  
 & COMMUNITY DEVELOPMENT  
 806 S. Main Street  
 Yreka, California 96097  
 ph: (530) 841-2100, fax: (530) 841-4076

Facility Name: <u>Mt. Shasta KOA</u>	CMHC# <u>100258</u>
Address: <u>900 N. Mount Shasta Blvd, Mt. Shasta CA</u>	
Permit Holder: <u>Robin Merlo</u>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <u>530-926-4029</u>	E-mail:
Food Safety Certified Employee: <u>N/A</u>	Expiration Date:

		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1 Food Temp.				<u>Routine Inspection Conducted This Date</u>
	2 Prep./ Service				
	3 Storage/ Disp.				
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				<u>Satisfactory at present time.</u>
	9 Refrig. Units				
	10 Thermometer				
	11 Hazardous Mat.				
	12 Spoils				
Uten./Equip.	13 Wash/ Sanitize				
	14 Equip. Condition				
	15 Utensil Condition				
	16 Storage				
Employee	17 Handwashing				
	18 Employee Hygiene				
	19 Employee Habits				
	20 Food Cert./ Card				
Water	21 Water				
	22 Cross Con.				
Waste	23 Liquid Waste				
	24 Refuse				
Vermir	25 Rodents/ Insects				
	26 Animal/ Fowl				
Facilities	27 Ventilation				
	28 Doors				
	29 Floors				
	30 Walls - Ceilings				
	31 Toilet Fac.				
	32 Janitorial Fac.				
	33 Lighting				
Misc.	34 Clothing - Linen				
	35 Signs				
	36 Misc.				

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <u>Bull P</u>	Received by (Signature): <u>[Signature]</u>
REHS (Print): <u>Rita Florendo</u>	REHS (Signature): <u>[Signature]</u>
Date: <u>8-9-21</u>	Phone: <u>841-2114</u>