

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: White Mountain Cafe Permit # 000481						o00481			
Address: 243 Main St., McCloud, CA 96057									
Permit	Permit Holder: Lonnie Henson/Scott Bruce Permit To Operate: • Valid • Not Valid								
Phone:		530-945-0499				E-mail: whitemountainmccloud@game.com			
Food S		ty Certified Employ	/ee: Loni	مزم ال	oncon		piration Date: 02/2025		
Lonnie Henson MAJ OUT COS						The marked items represent Health Code violations and must be co	03/2025		
· ·	1	Food Temp.	WAJ CO	000		·			
Protection Time/ Temp.		Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE			
e/ T	3	Storage/ Disp.				Satisfactory at Present Time			
Tim	4	Frozen Food							
tion	5	Pure Food							
otec	6	Reused Food							
Pr	7	Transportation							
4)	8	Storage Fac.							
rage	9	Refrig. Units							
Food Storage	10	Thermometer							
	11	Hazardous Mat.							
ш	12	Spoils							
Uten./Equip.	13	Wash/ Sanitize							
	14	Equip. Condition							
ten./	15	Utensil Condition							
Ď	16	Storage							
ë	17	Handwashing							
loye	18	Employee Hygiene							
Employee		Employee Habits							
		Food Cert./ Card							
Water	-	Water							
>		Cross Con.		<u> </u>					
Waste	-	Liquid Waste							
>		Refuse							
ermin		Rodents/ Insects							
ž		Animal/ Fowl							
		Ventilation							
ies		Doors							
Facilities	-	Floors Walls - Ceilings	\vdash	1					
ш			Н	1					
	-	Toilet Fac. Janitorial Fac.							
		Lighting							
Misc.		Clothing - Linen							
		Signs		1					
		Misc.							
MAJ =			OUT = Out	of con	npliance	COS = Corrected on-site			
Received By (Print): Received by (Signature): O4/20/2023									
REHS (Print): Rick Florendo Rick Florendo REHS (Signature): Phone: 530-841-2114						one: 530-841-2114			

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Last modified 4/12/2023

Facility Name:	White Mountain Cafe	
	The marked items represent Health Code violations and must be corrected as	follows:
	`	
Received By (Print):	Received by (Signature):	Date:
· ,		04/20/2023
REHS (Print): Rick Flor	REHS (Signature):	Phone: 530-841-2114

The marked items represent Health Code violations and must be corrected as follows:	Facility Name:		
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HS (Print): REHS (Signature): Phone:	REHS (Print):	RFHS (Signature):	

530-841-2114

Rick Florendo

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` Rick Flo	prendo 530)-841-2114