

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	Rite Aid Permit # 000393							000393			
Address: 310 W. Lake St., Mount Shasta, CA, 96067											
Permit	Hol	der:						Permit To	· _		
Phone	Rite-Aid Out Valid Phone: Face and a second Control of the circumstance of the cir								O Not valid		
	•	530-926-3838				angela.r.	slack@riteaid.com		Date		
Food S	ate	ty Certified Employ	^{yee:} An	gela R	. Slack			Expiration	02/2028		
			MAJ OL	JT COS		The marked items represent I	Health Code violations and must	be corrected	as follows:		
Protection Time/ Temp.	_	Food Temp.				ROUTINE INSPECT	ION CONDUCTED THIS	DATE			
		Prep./ Service				11001111211101201	1011 0011200122 11110	<i>D</i> , (, L,			
	_	Storage/ Disp.									
n Ti	4	Frozen Food									
ctio	5	Pure Food				Satisfactory at present time.					
Prote		Reused Food									
	_	Transportation									
Эе		Storage Fac.									
Food Storage		Refrig. Units	↓ ↓								
d St	10	Thermometer									
Foo		Hazardous Mat.									
	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
ten.	_	Utensil Condition									
\cap	16	Storage									
e	17	Handwashing									
loye		Employee Hygiene									
Employee		Employee Habits									
		Food Cert./ Card									
Water		Water									
>		Cross Con.									
Waste		Liquid Waste									
Š		Refuse									
ermin'		Rodents/ Insects									
\e	26	Animal/ Fowl									
		Ventilation	ш								
es		Doors	ш								
Facilities	_	Floors									
Fa	30	Walls - Ceilings	ш								
	_	Toilet Fac.	ш								
	_	Janitorial Fac.	ш								
		Lighting									
Misc		Clothing - Linen		4							
		Signs		_							
ΜΛΙ.		Misc.	TIT = C	.t of	anliance	000 = Compoted == =:t=					
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:										
1/	Received By (Print): Received by (Signature): Date: 06/13/2023										
REHS (REHS (Sign Rup): Phone:										
,		Rick Florence	do			1/ cht H	make the same of t	53	0-841-2114		

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Facility Name:	Rite Aid	
	The marked items represent Health Code violations and must be corrected as follows:	
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Received By (Print):	Received by (Signature): Date:	
	C	6/13/2023
REHS (Print): Rick Flor	REHS (Signature): Phone: endo 530	-841-2114

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