

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 Brewing Company Permit # 000342											
Address: 360 College Ave, Weed CA											
Permit	Permit Holder: Permit To Operate: Valid Not Valid										
Phone: 530-938-2394 E-mail: Charles@mountshastabrewingcompany.com											
Food Safety Certified Employee: Steven Elliot Expiration Date: 02/2026											
				OUT CC		ealth Code violations and must be corrected as follows:					
	1	Food Temp.	IVIAU	301 00		SPECTION CONDUCTED ON THIS DATE					
Protection Time/ Temp.		Prep./ Service			KOOTINE II	NSPECTION CONDUCTED ON THIS DATE					
	_	Storage/ Disp.			3) Observed facility vacuum sealing to cooked chicken without an approved HAI must discontinue vacuum sealing and submit an application for a HACCP plan to	cooked chicken without an approved HACCP Plan. Facility					
		Frozen Food									
	5	Pure Food				next 30 days. Facility must provide Siskiyou County					
otec	6	Reused Food			 Environmental Health proof of this submittal within 30 days from the date of this reimmediately discontinue the process of preserving meats. 						
Pro	7	Transportation			Immediately discontinue the process of	preserving meats.					
_	-	Storage Fac.									
Food Storage	9	Refrig. Units									
	10	Thermometer			7						
	11	Hazardous Mat.			7						
	12	Spoils			7						
<u>.d</u>	13	Wash/ Sanitize			7						
Uten./Equip.	14	Equip. Condition			7						
en./	15	Utensil Condition			7						
ž	16	Storage									
Φ	17	Handwashing									
Employee	18	Employee Hygiene									
ld iii	19	Employee Habits									
	20	Food Cert./ Card									
Water	21	Water									
	22	Cross Con.									
Waste		Liquid Waste									
×	24	Refuse			_						
Vermin	$\overline{}$	Rodents/ Insects									
\end{array}	26	Animal/ Fowl	ш								
		Ventilation	\Box		_						
es	_	Doors	\Box								
-acilities		Floors			_						
Га	30	Walls - Ceilings	ш								
		Toilet Fac.	ш								
		Janitorial Fac.									
		Lighting	\square								
S		Clothing - Linen	\square		4						
		Signs		_	4						
ΜΔΙ		Misc. or violation (JUT = (Out of o	ompliance COS = Corrected on-site						
		/ (Print):			Received by (Signature):	Date:					
Charles Kline 1/24/2024											
REHS (Print): Alexa Roche					REHS (Signature):	Phone: 530-841-2112					

Facility Name:	Mt Shasta Brewing Company						
	The marked items	represent Health Code violations and must be co	rrected as follows:				
Received By (Print):		Received by (Signature):	Date:				
Cł	narles Kline		1/24/2024				
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2112				

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530-841-2112

Alexa Roche

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