

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: Malou's Catering 000852									
Address: 700 McCloud Ave, Mount Shasta, CA, 96067									
Permit		der:					Permit To Operate:		
Dhama		Malou Sha	nnor	1		E maile	X Valid Not Valid		
Phone	: <u></u>	530-925-2277				E-mail: maloushannon@hotmail.c	om		
Food S	Safe	ty Certified Employ	ee:			Malou Shannon	Expiration Date:		
			MAJ OUT COS			The marked items represent Health Code violations	and must be corrected as follows:		
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCT			
	2	Prep./ Service				ROUTINE INSPECTION CONDUCT	ED THIS DATE.		
	3	Storage/ Disp.							
	4	Frozen Food				20) Please provide a copy of your current food ma	anager certification asap.		
ctio	5	Pure Food							
rote	6	Reused Food							
д.	7	Transportation							
e	8	Storage Fac.							
orag	9	Refrig. Units							
Food Storage	10	Thermometer							
00		Hazardous Mat.							
		Spoils							
din	13	Wash/ Sanitize							
/Equ	14	Equip. Condition							
Uten./Equip.	15								
	16	Storage							
ee									
oloye	-	Employee Hygiene							
Employee	-	Employee Habits							
		Food Cert./ Card		Х					
Water	-	Water							
<u>ح</u>	22	Cross Con.							
Waste	23	Liquid Waste Refuse							
د									
Vermin	-	Rodents/ Insects Animal/ Fowl							
>									
	27	Ventilation Doors							
Facilities		Floors							
acili	-	Walls - Ceilings							
ш	31	Toilet Fac.							
	31	Janitorial Fac.	-						
		Lighting							
Misc.		Clothing - Linen							
		Signs							
	-	Misc.							
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site						pliance COS = Corrected on-site			
		y (Print): Malou S				Received by (Signature):	Date: 02/08/2024		
REHS (Print): REHS (Signature): Phone: Rick Florendo 530-841-2114									
1 101 1 101 0 10 0 0 0 1 - 2 1 1 4 0 0 0 0 1 - 2 1 1 4									

Facility Name:			
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	The marked items represent Health Coc	le violations and must be corrected as follow	/S:
	с. С		
		Non-stars)	
Received By (Print): Ma	Received by (Salou Shannon	Signature):	Date: 02/08/2024
REHS (Print):	REHS (Signat	hire).	Phone:
Rick Flor	endo		530-841-2114
Page 2			

Facility Name: Malou's Ca	tering	
The marke	ed items represent Health Code violations and must be	corrected as follows:
Waldu's Ca		corrected as follows:
Received By (Print): Malou Shannon REHS (Print): Rick Florendo	Received by (Signature): REHS (Signature):	Date: 02/08/2024 Phone: 530-841-2114
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Facility Name:	Malou's Catering		
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	The marked items represer	t Health Code violations and must be corrected as	s follows:
		ι,	
Received By (Print):		Received by (Signature):	Date:
	ou Shannon		02/08/2024
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114
			550-041-2114