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 Elementary Permit # 000345											
Address: 501 Cedar St Mt Shasta CA											
Permit	Hol	der: Mt Shasta	Elom	onto	arı,	Permit To Operate:					
Phone			LIGII	Herita	al y	E-mail: Population of the Computation of the Comput					
		530-926-3434				eperuzzi@msusd.org					
Food Safety Certified Employee: Eran Peruzzi Expiration Date: 03/2025											
MAJ OUT COS The marked items rep						The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service									
Je/	3	Storage/ Disp.				17) Observed no numn soan or single-use paper towels at the newly installed hand					
Ē	4	Frozen Food									
tion	5	Pure Food									
otec	6	Reused Food				17) Observed no pump soap or single-use paper towels at the newly installed hand washing sink. Move the soap and towel dispenser from the old hand washing station					
Pr	7	Transportation				location immediately. Handwashing in the preparation sink is absolutely not permitted					
(I)	8	Storage Fac.				The second secon					
rage	9	Refrig. Units	196 - 20			14) New meat slicer is stored on the range currently. This slicer may not be stored					
Food Storage	10	Thermometer			6	there, and it may be too large for the amount of space available for food preparation in					
poo	11	Hazardous Mat.				this facility. Move to an appropriate food preparation space or storage area.					
ш	12	Spoils				14) Observed new oven and meat slicer installed in the facilty. This equipment was not					
ip.	13	Wash/ Sanitize			0	pre-approved prior to installation. All new equipment must be pre-approved by this					
Uten./Equip.	14	Equip. Condition		×		department prior to installation. Provide this department the manufacturer specification					
en./	15	Utensil Condition				sheet for new equipment so that it may be determined as to whether the facility will be					
ž	16	Storage				required to remove thie equipment permanently.					
m	17	Handwashing		X							
Employee	18	Employee Hygiene									
mple	19	Employee Habits									
Ш	20	Food Cert./ Card									
ter	21	Water									
Water	22	Cross Con.									
ste	23	Liquid Waste									
Waste	24	Refuse									
nin	25	Rodents/ Insects									
Vermin	26	Animal/ Fowl									
	27	Ventilation			9						
co.	28	Doors									
Facilities	29	Floors			÷						
Fac	30	Walls - Ceilings									
985	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
ci.		Clothing - Linen									
Misc.	35	Signs									
	CONTRACT AND ADDRESS OF THE PARTY OF THE PAR	Misc.									
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: 05/20/2024											
REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-2114											

Facility Name:	Mt Shasta Elementary	
	The marked items represent Health Code violations and mus	t be corrected as follows:
Received By (Print):	Received by (Signature):	Date:
Er	an Peruzzi	05/20/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

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530-841-2114

Rick Florendo

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