



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: Mount Shasta KOA	Permit # 000030
Address: 900 N. Mount Shasta Blvd., Mount Shasta, CA, 96067	
Permit Holder: Robin Merlo	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-926-4029	E-mail: mtshastakoa@gmail.com
Food Safety Certified Employee: NA	Expiration Date:

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			<p>ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>All food handling is satisfactory at present time.</p>
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Chyla Gardner	Received by (Signature): _____ Date: 05/22/2024
REHS (Print): Rick Florendo	REHS (Signature): _____ Phone: 530-841-2114

Facility Name: Mount Shasta KOA

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):
Chyla Gardner

Received by (Signature):

Date:
05/22/2024

REHS (Print):
Rick Florendo

REHS (Signature):

Phone:
530-841-2114

Facility Name: Mount Shasta KOA 

The marked items represent Health Code violations and must be corrected as follows:

(This area is currently blank, intended for listing health code violations and their corrections.)

Received By (Print): Chyla Gardner Received by (Signature): Date: 05/22/2024

REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-2114

Facility Name: Mount Shasta KOA

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

Received By (Print): Chyla Gardner	Received by (Signature):	Date: 05/22/2024
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REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
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