

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 High School Permit # 000348												
Addres	SS:	710 Everett M					ısta, CA					
Permit	Permit Holder: Permit To Operate:											
Phone		Siskiyou U	nion	HSL)		E-mail:			O Not Valid		
		530-926-2614					E-Mail.					
Food S	Safe	ty Certified Employ	/ee:	Lonr	nie F	lenson			Expiration	Date: 03/2025		
			MAJ	OUT	cos		The marked items re	epresent Health Code violations and	must be corrected	as follows:		
Protection Time/ Temp.	1	Food Temp.					ROUTINE	INSPECTION CONDUCTED	THIS DATE.			
	2	Prep./ Service										
	3	Storage/ Disp.										
	4	Frozen Food										
	5	Pure Food										
	_	Reused Food				Satisfactory at present time.						
	7	Transportation										
Food Storage	-	Storage Fac.	<u> </u>									
	9	Refrig. Units										
	10	Thermometer		3								
		Hazardous Mat.										
	12	Spoils										
Uten./Equip.		Wash/ Sanitize										
	14	Equip. Condition										
ten.		Utensil Condition										
n	16	Storage										
9		Handwashing										
Employee	_	Employee Hygiene										
dwΞ	-	Employee Habits										
		Food Cert./ Card										
Water		Water										
>	_	Cross Con.										
Waste	-	Liquid Waste										
>	- 7	Refuse										
Vermin		Rodents/ Insects										
Ne Ve		Animal/ Fowl		3	8							
		Ventilation										
es		Doors			8							
Facilities		Floors		\square								
Fa	_	Walls - Ceilings										
		Toilet Fac.	ш	\sqcup								
		Janitorial Fac.										
		Lighting										
Misc.	_	Clothing - Linen										
		Signs										
MAL		Misc.				-1:	000 - 0	-:4-				
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:												
Received By (Print): Received by (Signature): Date: Lonnie Henson 11/06/2023												
REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-2114												

Facility Name:	Mount Shasta High School	
	The marked items represent Health Code violations and must be corrected as follows:	
•		
Received By (Print):	Received by (Signature): Date:	
	nie Henson	11/06/2023
RFHS (Print)	REHS (Signature): Phon	

530-841-2114

Rick Florendo

Facility Name:	Mount Shasta High S	chool	
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Received By (Print):		Received by (Signature):	Date:
Lonr	nie Henson		11/06/2023
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114

530-841-2114

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The ma	arked items represent Health Code violations and must	be corrected as follows:
Received By (Print): Lonnie Henso	Received by (Signature): on	Date: 11/06/2023
REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114

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