



## Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

phone: (530) 841-2100, fax: (530) 841-4076

Facility	Na	me: Mount Sha	asta	Vale	ro	Permit # 000352					
Addres	S:	205 W. Lake S	St. M	ount	Sha	asta, CA, 96067					
Permit Holder: Permit To Operate:											
		Dennis Eri	ckso	n		Valid					
Phone		530-926-2112				E-mail: not available at this time					
Food S	Food Safety Certified Employee: NA - at present time Expiration Date:										
	MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
Protection Time/ Temp.	1	Food Temp.				ROUNTINE INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service				ROOMTINE INSI ECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food									
	5	Pure Food				Satisfactory at present time.					
otec	6	Reused Food				Satisfactory at present time.					
Pro	7	Transportation									
(I)	8	Storage Fac.									
Food Storage	9	Refrig. Units	E/A 207								
	10	Thermometer		a.	2						
000	11	Hazardous Mat.									
<u>.</u>	12	Spoils			8						
ıip.	13	Wash/ Sanitize			Ÿ						
Uten./Equip.	14	Equip. Condition									
ten./	15	Utensil Condition									
Ď	16	Storage		3							
ē	17	Handwashing									
Employee	18	Employee Hygiene									
-mp		Employee Habits									
	20	Food Cert./ Card									
Water	CONTRACT	Water									
>	. 2	Cross Con.									
Waste		Liquid Waste									
		Refuse									
'ermin		Rodents/ Insects									
Ve	26	Animal/ Fowl		2							
		Ventilation									
es	3 3	Doors			8						
Facilities		Floors									
Fa		Walls - Ceilings									
		Toilet Fac.	ш								
		Janitorial Fac.									
		Lighting									
Misc.		Clothing - Linen									
Σ		Signs	Н								
MA I -		Misc.	IIT -	Out -	foor	poliance COS - Corrected on cite					
			101 =	Out	n con	npliance COS = Corrected on-site  Received by (Signature): Date:					
Kaitlyn Griffith 07/08/2024											
REHS (Print): REHS (Signature): Phone:  Rick Florendo 530-841-2114											

Facility Name:	Mount Shasta Valero	
	The marked items represent Health Code violat	ions and must be corrected as follows:
Received By (Print):	Received by (Signature	e): Date:
Ka	uitlyn Griffith	07/08/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Mount Shasta Valero									
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		-								
Received By (Print): Kaitl	Received by (Signature):  lyn Griffith	Date: 07/08/2024								
REHS (Print):	REHS (Signature):	Phone:								

530-841-2114

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Kait	tlyn Griffith	07/08/2024						
RFHS (Print).	REHS (Signature):	Phone:						

530-841-2114

**Rick Florendo**