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	Na	me: Lake Siski	you	Sna	ck SI	nack Mobile Permit # 000294			
Addres	S:	4239 W.A Barı	r Rd.	, Mo	unt	Shasta, CA,			
Permit Holder: Reynolds Resorts Permit To Operate: Valid Not Valid									
Phone: 530-926-1865 E-mail: lakesiskiyou@reynoldsresorts.com									
Food Safety Certified Employee: Joe DeVault Expiration Date: 09/2024									
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:									
100.0	1	Food Temp.	IVIAJ	X	COS	The market items represent fleatin code violations and must be confected as follows.			
emp	Visits	Prep./ Service		^		ROUTINE INSPECTION CONDUCTED THIS DATE			
tection Time/ T	3	Storage/ Disp.							
	4	Frozen Food				1) Observed food temps ranging from 43-49 degrees F. At all times, hold all cold food at			
	5	Pure Food				41 degrees F or colder. It appears that facility is too hot for the refrigeration unit to			
	6	Reused Food				maintain proper temperature. Recommend changes to ensure that food remains			
Pr	7	Transportation				the danger zone. Correct immediately.			
4)	8	Storage Fac.				14) Observed refrigeration thermometer reading 10 degrees F. This thermometer is not			
rage	9	Refrig. Units	-25			functioning correctly. Calibrate or replace the thermometer immediately.			
Sto	10	Thermometer				same and the same and a same			
poo	11	Hazardous Mat.		7.	0	14) Observed new pizza oven installed in facility without proper hood ventilation. This			
ш	12	Spoils				equipment must be installed and operated under a Type 1 fire suppression hood.			
Phone: Eacilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	13	Wash/ Sanitize		X		Remove this equipment immediately. Submit new equipment to this department for pre- approval prior to installation or use.			
Equ	14	Equip. Condition		×		approval prior to installation of use.			
en./	15	Utensil Condition				13) The counters, floors, and walls of this facility is extremely dirty. Maintain all			
รั	16	Storage				equipment, floors, walls, ceilings, counters, and other food facility surfaces in a cleanly			
Φ	17	Handwashing				manner at all times. Clean immediately.			
oye	18	Employee Hygiene				14) Observed Quat sanitizer measuring far greater than 400 ppm. Ensure sanitizer			
du	19	Employee Habits				utilized is maintained at 200 ppm, and check concentrations often utilizing test strips.			
	20	Food Cert./ Card							
Water	21	Water				28) Observed the doors of the facility propped open. These doors must remain closed			
Š	22	Cross Con.				during operation to prevent the harborage of flies, rodents, and the excessive dirt from			
aste	23	Liquid Waste				the surrounding area.			
	24	Refuse							
min	25	Rodents/ Insects							
Ve	26	Animal/ Fowl							
	27	Ventilation							
Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage	28	Doors		X	X				
ciliti		Floors							
Fa	30	Walls - Ceilings							
	31	Toilet Fac.	Ш						
	32	Janitorial Fac.							
		Lighting							
Sc.	34	Clothing - Linen	Ш						
Ž	CONTRACT OF	Signs	Н						
MA I =		Misc.	IIT -	Out	fcom	unliance COS - Corrected on site			
			101 =	Out (n COIT	pliance COS = Corrected on-site Received by (Signature): Date:			
Received By (Print): Received by (Signature): Date: 07/09/2024									
REHS (Print): REHS (Signature): Phone: 530-841-2114									

Facility Name: Lake Siskiyou Snac	Lake Siskiyou Snack Shack Mobile									
The marked items	represent Health Code violations and must be co	rrected as follows:								
•										
Received By (Print):	Received by (Signature):	Date:								
Misty Matthieu	2, (3.3	07/09/2024								
REHS (Print):	REHS (Signature):	Phone:								

530-841-2114

Rick Florendo

Facility Name: Lake Siskiyou Sn	ack Shack Mobile	
The marked item	ns represent Health Code violations and must be co	rrected as follows:
	•	
Received By (Print):	Received by (Signature):	Date:
Misty Matthieu	Neceived by (Signature).	Date: 07/09/2024
REHS (Print):	REHS (Signature):	Phone:
Rick Florendo		530-841-2114

530-841-2114

Facility Name:	Lake Siskiyou Snack Shack Mobile	ou Snack Shack Mobile						
	The marked items represent Health Cod	e violations and must be corrected as follow	vs:					
	Received by (S y Matthieu	ignature):	Date: 07/09/2024					
REHS (Print): Rick Flor	REHS (Signati	ure):	Phone: 530-841-2114					

530-841-2114