



### 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: <b>Siskiyou Senior Nutrition - Mount Shasta</b>	Permit # <b>000351</b>
Address: <b>1315 Nixon Rd., Mount Shasta, CA, 96067</b>	
Permit Holder: <b>Great Northern - Siskiyou Senior Nutrition</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-926-4611</b>	E-mail: <b>mdelmar@gnservices.org</b>
Food Safety Certified Employee: <b>Manelyn Intremocha James</b>	Expiration Date: <b>03/2027</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	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		X	
	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.			

13) Observed wares sanitizing in 3-comp sink not fully submerged. Ensure that the wares are able to fully be covered in sanitizer. Since the facility utilizes Quat as the sanitizing solution for wares, insure that they are completely covered for a minimum of 1 minute. For sheet pans, ensure that the solution covers at least half the sheet before flipping to sanitize both ends. Corrected during inspection.

13) Observed Quat sanitizer @ 100 ppm used to sanitize sheet pans. Ensure the sanitizer is maintained @ 200 ppm Quat at all times. Corrected during inspection.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Josh Freeman</b>	Received by (Signature): _____ Date: <b>07/30/2024</b>
REHS (Print): <b>Rick Florendo</b>	REHS (Signature): _____ Phone: <b>530-841-2114</b>

**Facility Name:** Siskiyou Senior Nutrition - Mount Shasta

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

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Josh Freeman

Received by (Signature):

Date:  
07/30/2024

REHS (Print):  
Rick Florendo

REHS (Signature):

Phone:  
530-841-2114

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Phone:  
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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): Josh Freeman	Received by (Signature):	Date: 07/30/2024
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REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
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