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: MERCY M	1EDI	CAL	CEN	NTER Permit # 0003237				
Address: 914 PINE ST. MOUNT SHASTA, CA 96067										
Permit Holder: MERCY MEDICAL Permit To Operate: Operate: Valid Not Valid										
Phone	530-926-8405 JENNA.HENSONMARSHALL@COMMONSPIRIT.ORG									
Food S	Food Safety Certified Employee: JENNA MARSHALL Expiration Date: 06/2025									
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
emp.	1	Food Temp.								
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
L/ət	3	Storage/ Disp.				27) Observed ceiling vent located above the fan in the ware washing room has a du				
Ţ	4	Frozen Food								
tion	5	Pure Food				build-up accumulation. Clean the vent to avoid potential contamination of clean wares.				
rotec	6	Reused Food				20) Observed several gross where the naint is abinains off of the floor finish. These				
Р	7	Transportation				29) Observed several areas where the paint is chipping off of the floor finish. These surfaces are no longer smooth, durable, easily cleanable, and non-absorbent. Repair				
Эe	8	Storage Fac.				floor finish within 60 days.				
orag	9	Refrig. Units	600 - 400			BODISHON				
Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp	10	Thermometer				36) Observed spray bottle utilized for cooking oil dispensing. Label all bottles with the				
-000		Hazardous Mat.				name of its contents to potentially avoid a cross contamination issue. Correct asap.				
	12	Spoils								
.di	13	Wash/ Sanitize								
Æqι	14	Equip. Condition								
ten.	15	Utensil Condition								
Ó	16	Storage								
e	17	Handwashing								
loye	18	Employee Hygiene								
-m	19	Employee Habits								
	20	Food Cert./ Card								
ater	21	Water	Ш							
		Cross Con.								
aste	Townson in	Liquid Waste								
-	24	Refuse								
min	- Parkers	Rodents/ Insects								
		Animal/ Fowl			8					
	27	Ventilation		X						
es		Doors			8					
Facilities		Floors		X						
Fa	30	Walls - Ceilings								
	31	Toilet Fac.								
	32	Janitorial Fac.								
		Lighting								
Misc.	-	Clothing - Linen								
	COLUMN TO SERVICE SERV	Signs								
ΜΔΙ-	_	Misc. or violation C	ILIT -	Out	of com	pliance COS = Corrected on-site				
	_	y (Print):	- 10,	Jul	n coll	Received by (Signature): Date:				
		Mary Ho	ousto	n		08/21/2024				
REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-2114										

Facility Name: MERCY MEDI	CAL CENTER	
The marked it	tems represent Health Code violations and must be co	rrected as follows:
Received By (Print):	Received by (Signature):	Date:
Mary Houston		08/21/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name: MERCY MEDICA	L CENTER	
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Rick Florendo

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	· ·	
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