

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 Farmer's Market 000347										
Address: 400 Block N. Mt. Shasta Blvd., Mount Shasta, CA, 96067										
Permit Holder: Permit To Operate:										
Phone		JEDI, F.O.	DUX	1000	J , IVI	E-mail:	Valid Not Valid			
			0.8967.024			ie mai.				
Food S	Safe	ty Certified Employ	/ee:			NA	Expiration Date:			
	MAJ OUT			OUT	COS	The marked items represent Heal	th Code violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTIC	N CONDUCTED THIS DATE.			
	2	Prep./ Service	<u> </u>							
	3	Storage/ Disp.								
	- 236	Frozen Food				Satisfactory at Present Time				
sctio	5	Pure Food	<u> </u>							
rote		Reused Food								
<u> </u>	7	Transportation								
e	-	Storage Fac.								
oraç		Refrig. Units								
Food Storage	10	Thermometer								
Foo	-	Hazardous Mat.								
60630	12	Spoils								
dip.		Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
Iten		Utensil Condition								
		Storage								
ee	_	Handwashing								
Employee	Second -	Employee Hygiene	_							
Emp		Employee Habits								
-		Food Cert./ Card								
Water		Water								
5		Cross Con.	-							
Waste		Liquid Waste	-							
5		Refuse								
Vermin	-	Rodents/ Insects		\vdash						
>		Animal/ Fowl								
	27	Ventilation		\vdash						
les	1 1	Doors								
Facilities	0.000									
ш										
	31	Toilet Fac.								
Misc.	32	Janitorial Fac.								
		Lighting Clothing Linon		$\left \right $						
	1000	-	\vdash	$\left \right $						
	-			\vdash						
MA.I =		Misc. or violation	UT =	Out o	f com	pliance COS = Corrected on-site				
		y (Print):				Received by (Signature):	Date:			
Colleen Shelly 09/23/2024							09/23/2024			
REHS (Print): REHS (Signature): Phone: 530-841-2114							Phone: 530-841-2114			

Facility Name:	Mount Shasta Farmer's Market
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The marked items represent Health Code violations and must be corrected as follows:

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Received By (Print):	Received by (Signature):	Date:
Colleen Shelly		09/23/2024
REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114

Facility Name:	Mount Shasta Farmer's M	larket	
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		x	
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	een Shelly		09/23/2024
REHS (Print):		REHS (Signature):	Phone:
Rick Flo	prendo		530-841-2114
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