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

						priorie: (655) 611 2166, 14x. (655) 611 1616					
Facility	Na	me: Strawberr	y Va	lley	Inn E	3&B	Permit # 000441				
Addres	SS:	1142 S. Moun	t Sh	asta	Blvd	., Mount Shasta, CA, 96067					
Permit	Hol	^{der:} Mt. Shasta	Hot	tels,	LLC		Permit To Operate: Not Valid Not Valid				
Phone		530-926-2052				E-mail: info@strawberryvalleyinn.net					
Food S	Safe	ty Certified Employ	ee: -	Tann	er A	nthis	Expiration Date: 09/2022				
			MAJ	OUT	cos	The marked items represent Health Code violations and m	ust be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.				DOUTING INCOPOLICAL CONDUCTED TO	UC DATE				
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED TH	115 DATE				
	3	Storage/ Disp.									
	4	Frozen Food				13) Observed no sanitizer available or in use to sanitize food preparation surfaces,					
	5	Pure Food									
otec	6	Reused Food				tables, and other. Obtain and use a sanitizer that is 100 ppm Chlorine or 200 ppm Quat,					
Pro	7	Transportation				and obtain respective test strips to measure the concentration of the sanitizer. Correct					
Food Storage	8	Storage Fac.				immediately. Facility will not be able to prepare or serve food if sanitizer is not available and used regularly.					
	9	Refrig. Units	- A			and about regularly.					
	10	Thermometer				20) Current food manager certification is expired. Obtain	a new food manager				
poo	11	Hazardous Mat.			ė,	certification within 60 days. 2ND NOTICE					
ш	12	Spoils									
ď	13	Wash/ Sanitize		×							
Equ	14	Equip. Condition									
Uten./Equip.	15	Utensil Condition				1					
ž	16	Storage									
(I)	17	Handwashing				1					
oye	18	Employee Hygiene									
Employee	19	Employee Habits									
Ш	20	Food Cert./ Card		×							
ter	21	Water									
Water	22	Cross Con.									
Waste	23	Liquid Waste									
Wa	24	Refuse									
Vermin	25	Rodents/ Insects									
Ver	26	Animal/ Fowl									
	27	Ventilation									
S	28	Doors									
-acilities	29	Floors									
Fac	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
Misc.	34	Clothing - Linen									
	35	Signs									
		Misc.									
			UT =	Out	of con	ppliance COS = Corrected on-site	Parties .				
Receive	ed By	(Print): Mindy F	Richa	ardso	on	Received by (Signature):	Date: 09/26/2024				
REHS (Print): REHS (Signature): Phone: 530-841-2114											

Facility Name:	Strawberry Valley Inn B&B	
	The marked items represent Health Code violations and must be corr	ected as follows:
	·	
Received By (Print):	Received by (Signature):	Date:
Mi	ndy Richardson	09/26/2024
RFHS (Print)	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Strawberry Valley In	n B&B	
	The marked items re	present Health Code violations and must be c	orrected as follows:
	ly Richardson	Received by (Signature):	Date: 09/26/2024
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114

	1	
Facility Name:	Strawberry Valley Inn B&B	
9200	Chamberry Valley IIII Dab	
	The marked items represent Health Code violations and must be corrected as follows:	
×		
Received By (Print):	Received by (Signature): Date:	
Received by (Pfint): Min		9/26/2024
REHS (Print):	REHS (Signature): Phon	10.50 C10.00 PC T20.00 PC 1
Rick Flo	orendo 53	0-841-2114