

## 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: Mt Shasta	Bre	wing	Con	ipany	<sup>Permit #</sup> 000342				
Addres	SS:	360 College A	ve, V	Veed	CA						
Permit	Hol	der:					Permit To Operate:				
Phone	: !	530-938-2394				E-mail: Charles@mountshastab	rewingcompany.com				
Food S	Safe	ty Certified Employ	/ee:	Steve	en El	liot	Expiration Date: 02/2026				
			MAJ	-	COS	The marked items represent Health Code violation					
	1	Food Temp.			000		ONDUCTED ON THIS DATE				
emp	2	Prep./ Service				Roomine inspection of	SNDOCTED ON THIS DATE				
Protection Time/ Temp.	3	Storage/ Disp.		1	2						
	4	Frozen Food									
	5	Pure Food				36) NOTE: Prior to beginning any work proposing to construct or					
	6	Reused Food				<ul> <li>area, shall obtain approval from the building, planning, and environmental health department Plans and specifications must meet the requirements of the building department and all a health requirements.</li> </ul>					
	7	Transportation		2							
(1)	8	Storage Fac.									
rage	9	Refrig. Units	1 - 20 20		-						
Sto	10	Thermometer									
Food Storage	11	Hazardous Mat.			2 2						
щ	12	Spoils			2 						
ten./Equi	13	Wash/ Sanitize			8						
	14	Equip. Condition									
	15	Utensil Condition				]					
	16	Storage									
Ð	17	Handwashing									
loye	18	Employee Hygiene									
Employee	_	Employee Habits			-						
	1000	Food Cert./ Card									
Water	_	Water									
	22	Cross Con.			2	HANDOUT: APPLICATION FOR NEW CONSTURCTION OR REMODE					
Wa		Liquid Waste	_			HANDOUT: APPLICATION FOR NEW CONSTURCTION OR REMODEL					
		Refuse			-						
Facilities Vern	-	Rodents/ Insects	_								
	-	Animal/ Fowl	-		6 0						
	27	Ventilation									
	1 1		_		8 0						
	Contract of	Floors			~						
			_	_							
	-	Toilet Fac.			<i>.</i>	-					
	32	Janitorial Fac.	-		2						
	-	Lighting	-	-							
Misc.	1	Clothing - Linen									
2		Signs		×	-						
MAJ =		Misc. or violation	DUT =		of com	pliance COS = Corrected on-site					
		y (Print): Charles				Received by (Signature):	Date: 9/30/2024				
DELLO	D.:	603	. 1301			DELIG (Ginantura)	0020-0000 - 0000 1998				
REHS (	Fun	Alexa Roche	e-Th	om		REHS (Signature):	Phone: 530-841-2117				

Facility Name: Mt Shasta Brewing Company

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

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Received By (Print):	Received by (Signature):	Date:
Charles Kline		9/30/2024
REHS (Print):	REHS (Signature):	Phone:
Alexa Roche-Thom		530-841-2117
Page 2		

Facility Name:	Mt Shasta Brewing Company		
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REHS (Print): Alexa Roche-Thom	REHS (Signature):	Phone: 530-841-2117