



### 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>MT. SHASTA ELKS LODGE</b>	Permit # <b>000346</b>
Address: <b>326 N MOUNT SHASTA BLVD. MOUNT SHASTA</b>	
Permit Holder: <b>MT. SHASTA ELKS</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-926-2138</b>	E-mail: <b>office@mountshastaelks.com</b>
Food Safety Certified Employee: <b>PETER PAPPAS</b>	Expiration Date: <b>09/2025</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		X	
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize		X	
	14	Equip. Condition			
	15	Utensil Condition			
Employee	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
Water	20	Food Cert./ Card			
	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.			

ROUTINE INSPECTION CONDUCTED THIS DAY

8) Observed raw meats over read-to-eat-food in freezer unit. Keep food free of cross-contamination. Correct immediately.

13) Observed dishwasher not dispensing disinfectant. Ensure mechanical warewashing concentration of sanitizer is 50 ppm chlorine.

13) Facility did not have sanitizing test strips. Test all food contact surfaces and equipments daily to ensure proper sanitation. Obtain sanitizing test strips immediately.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Ronald A. Bravo</b> Received by (Signature): _____      Date: <b>9/19/2023</b>
REHS (Print): <b>CHALYN DEWEY</b> REHS (Signature): _____      Phone: <b>530-841-2112</b>

**Facility Name:** MT. SHASTA ELKS LODGE

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Received by (Signature):

Date:  
9/19/2023

REHS (Print):  
CHALYN DEWEY

REHS (Signature):

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