



# 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>MERCY MEDICAL CENTER</b>				Permit # <b>000323</b>	
Address: <b>914 PINE ST. MOUNT SHASTA, CA 96067</b>					
Permit Holder: <b>MERCY MEDICAL</b>				Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid	
Phone: <b>530-926-8405</b>		E-mail: <b>JENNA.HENSONMARSHALL@COMMONSPIRIT.ORG</b>			
Food Safety Certified Employee: <b>JENNA MARSHALL</b>				Expiration Date: <b>07/2026</b>	
The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.	MAJ	OUT	COS
	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			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	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.			
MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site					
Received By (Print): <b>Jenna Marshall</b>			Received by (Signature):		Date: <b>01/22/2025</b>
REHS (Print): <b>Rick Florendo</b>			REHS (Signature):		Phone: <b>530-841-2114</b>

**Facility Name:** MERCY MEDICAL CENTER

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

Received By (Print): Jenna Marshall	Received by (Signature):	Date: 01/22/2025
--	--------------------------	---------------------

REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
--------------------------------	-------------------	------------------------

**Facility Name:** MERCY MEDICAL CENTER

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

Received By (Print): Jenna Marshall	Received by (Signature):	Date: 01/22/2025
--	--------------------------	---------------------

REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
--------------------------------	-------------------	------------------------

**Facility Name:** MERCY MEDICAL CENTER

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

Received By (Print): Jenna Marshall	Received by (Signature):	Date: 01/22/2025
--	--------------------------	---------------------

REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
--------------------------------	-------------------	------------------------