



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 High School				Permit # 000348	
Address: 710 Everett Memorial Hwy, Mount Shasta, CA					
Permit Holder: Siskiyou Union HSD				Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid	
Phone: 530-926-2614		E-mail:			
Food Safety Certified Employee: Lonnie Henson				Expiration Date: 03/2025	
		MAJ	OUT	COS	<p>The marked items represent Health Code violations and must be corrected as follows:</p> <p style="text-align: center; font-size: 1.2em;">ROUTINE INSPECTION CONDUCTED THIS DATE.</p> <p style="text-align: center; font-size: 1.2em;">Satisfactory at present time.</p>
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			
	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): Monique Walsh				Received by (Signature): _____ Date: 01/28/2025	
REHS (Print): Rick Florendo				REHS (Signature): _____ Phone: 530-841-2114	

Facility Name: Mount Shasta High School

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

Received By (Print): Monique Walsh	Received by (Signature):	Date: 01/28/2025
---------------------------------------	--------------------------	---------------------

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

Facility Name: Mount Shasta High School

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

Received By (Print): Monique Walsh	Received by (Signature):	Date: 01/28/2025
---------------------------------------	--------------------------	---------------------

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

Facility Name: Mount Shasta High School

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

Received By (Print): Monique Walsh	Received by (Signature):	Date: 01/28/2025
---------------------------------------	--------------------------	---------------------

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