

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: Mount Sha	asta	Cinema	IS	Permit # 000343			
Address: 118 Morgan Way, Mount Shasta, CA, 96067									
Permit	Hol	der:				Permit To Operate:			
		John Schw	/eige	er	-	Valid O Not Valid			
Phone	: {	530-926-1818			<sup>E-mail:</sup> mtshasta@cathe	eatres.com			
Food S	Safe	ty Certified Employ	ee:		NA	Expiration Date:			
			MAJ	OUT COS	The marked items represent Health Coo	de violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.			ROUTINE INSPECTION CONDUCTED THIS DATE				
	2	Prep./ Service			ROUTINE INSPECTION CON	NDUCTED THIS DATE			
	3	Storage/ Disp.							
	4	Frozen Food							
	5	Pure Food			Satisfactory at Present Time				
	6	Reused Food							
	7	Transportation							
Ø	8	Storage Fac.							
orag	9	Refrig. Units	9.5 - 6.8						
l Sto	10	Thermometer		į					
Food Storage	11	Hazardous Mat.							
	12	Spoils							
Uten./Equip.	13	Wash/ Sanitize							
	14	Equip. Condition							
ten.	-	Utensil Condition							
		Storage							
e	_	Handwashing							
Employee	18	Employee Hygiene							
Emp	-	Employee Habits		, I	-				
		Food Cert./ Card			-				
Water	-	Water			4				
5	22	Cross Con.			4				
Waste	_	Liquid Waste			4				
	-	Refuse			-				
Vermin	_	Rodents/ Insects Animal/ Fowl			-				
>	-		-	8	4				
	27	Ventilation Doors			-				
ies	-		-	6	-				
Facilities	_	Floors Walls - Ceilings			-				
ш.	-			· · · ·	4				
	31	Toilet Fac. Janitorial Fac.			4				
				· · · ·	4				
Misc.		Lighting Clothing - Linen			4				
	-	Clothing - Linen			4				
	_	Signs Misc.			4				
MAJ =			UT =	Out of cor	mpliance COS = Corrected on-site				
		(Print): Kat Eric			Received by (Signature):	Date: 02/12/2025			
REHS (Print): REHS (Signature): Phone: 530-841-211						530-841-2114			

Facility Name: Mount Shasta Cinemas						
	The marked items repres	sent Health Code violations and	must be corrected as follow	'S:		
	·					
Received By (Print):		Received by (Signature):		Date:		
	at Ericson	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		02/12/2025		
REHS (Print):		REHS (Signature):		Phone:		
- \						

530-841-2114

**Rick Florendo** Page 2

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	The marked items represent Health Code violations and m	ust be corrected as follows:					
	ζ.						
		-					
Received By (Print):	Received by (Signature): Ericson	Date: 02/12/2025					
REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114					
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	The marked items represent Health	Code violations and must be corrected as follow	VS:			
			<b>P</b> :			
Received By (Print): Kat	Ericson	I by (Signature):	Date: 02/12/2025			
REHS (Print):	REHS (	Signature):	Phone:			
Rick Flo	rendo		530-841-2114			