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

160 10 10						A Description of the Contract						
Facility Name: Mount Shasta Valero Address: 205 W. Lake St, Mount Shasta, CA, 96067 Permit Holder: Dennis Erickson Phone: 530-926-2112 Food Safety Certified Employee: NA - at present time NA - at present time Expiration Date:						000352						
Addres	SS:	205 W. Lake S	t, Mour	nt Sha	asta, CA, 96067							
Permit Holder:Permit To Operate:												
Phone												
550-920-2112 Hot available at this time												
Food S	Food Safety Certified Employee: NA - at present time Expiration Date:											
			MAJ OU	T COS	The marked items represent Health Code violations	and must be corrected	as follows:					
n Time/ Temp.	1	Anna Ingenio Ad			ROUNTINE INSPECTION CONDUC	ROUNTINE INSPECTION CONDUCTED THIS DATE						
	2	Prep./ Service			ROOM TINE INSI ECTION CONDOC							
	3	construction of										
	4											
ctio	1800	William Table 50			Satisfactory at present time.							
Prote	6	Reused Food										
	7	Transportation										
ood Storage	8	Storage Fac.										
	9	Refrig. Units										
	10	Thermometer										
	11	Hazardous Mat.										
Sec. 8	12	Spoils	3									
Uten./Equip.	13	Wash/ Sanitize										
	14	Equip. Condition		-								
ten.	15	Utensil Condition										
כ	16	Storage										
Ф	17	Handwashing										
Employee	18	Employee Hygiene										
=mb		Employee Habits										
	20	Food Cert./ Card										
ater	21	Water										
Š	22	Cross Con.										
aste	23	Liquid Waste										
×	24	Refuse										
Vermin Waste Water		Rodents/ Insects										
Vel	26	Animal/ Fowl		0								
	27	Ventilation										
Se	28	Doors		0								
Facilities	29	Floors										
Fa	30	Walls - Ceilings										
	31	Toilet Fac.										
	32	Janitorial Fac.										
	33	Lighting										
SC.	34	Clothing - Linen										
	35	Signs										
		Misc.										
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: Jarid Morin Received by (Signature): 02/24/2025												
REHS (Print): REHS (Signature): Phone: 530-841-2114												

Facility Name:	Mount Shasta Valero	
	The marked items represent Health Code violations and must be corrected as follows:	
*		
Received By (Print):	Received by (Signature): Date:	
		02/24/2025
REHS (Print):	REHS (Signature): Phone	and expedient behalts of the scale of

530-841-2114

Rick Florendo

Facility Name:	Mount Shasta Valero	
	The marked items represent Health Code violations and must be corrected as follows:	
×		
Received By (Print):	Received by (Signature):	to:
	Received by (Signature): Date of Morin	02/24/2025
REHS (Print):	\$20.03 \$40.05 \$70.60 CHV.	one:
Rick Flo	prendo 5	530-841-2114

530-841-2114

Facility Name:	Mount Shasta Valero	
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*		
	š.	
Lione Bear		te: 02/24/2025
REHS (Print): Rick Flor	REHS (Signature): Photographic	one: 530-841-2114

530-841-2114