## 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: Harvest F	Restaura	ant		Permit # 000416				
Addres	SS:	State of the state			., Mount Shasta, CA, 96067					
Permit	Hol	<sup>der:</sup> Todd Anth	nis			Permit To Operate:   Valid O Not Valid				
Phone	: [	530-926-2813			E-mail: todda@amer	ricorinc.net				
Food S		ty Certified Emplo	20000000	oh Mo	Creary	Expiration Date: 03/2028				
		82 8250 E	MAJ OL	and the second	Secretary Control Control Control	h Code violations and must be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.	MAJ OC	1 005	me marked items represent neatt	T Code violations and must be corrected as follows.				
	No.	Prep./ Service	1	+	ROUTINE INSPECTION	N CONDUCTED THIS DATE				
		Storage/ Disp.		+						
	4	Frozen Food	1 1	+						
	228	Pure Food		+						
tect	2,000	Reused Food	1 1	$\dagger$						
Pro		Transportation	1		Satisfactory at Present Time					
Food Storage	8	Storage Fac.	1 1	$\top$						
	-	Refrig. Units	100 200							
Stor		Thermometer								
poo	11	Hazardous Mat.								
<u>Е</u>	-	Spoils		+						
o.		Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
en./E	15	Utensil Condition	1 1							
ž	16	Storage								
(I)	17	Handwashing	1 1							
Employee	18	Employee Hygiene								
mp	19	Employee Habits								
Ш	20	Food Cert./ Card								
Water	21	Water								
×	22	Cross Con.								
Waste	23	Liquid Waste								
×	24	Refuse								
Vermin	25	Rodents/ Insects								
Ve	26	Animal/ Fowl								
		Ventilation	$\perp$							
S		Doors								
Facilities	Service	Floors	$\Box$							
Fa	30	Walls - Ceilings								
	-	Toilet Fac.	$\vdash$	4						
	32	Janitorial Fac.								
	_	Lighting		_						
Misc.	1000	Clothing - Linen		+						
Ž		Signs		+						
MA I –		Misc.	OUT - O	t of com	pliance COS = Corrected on-site					
		or violation  (Print):	OUT = Ou	it of COIff	Received by (Signature):	Date:				
		Todd A	nthis		, (5.g.,3.d. v).	04/07/2025				
REHS (Print): Rick Florendo					REHS (Signature):	Phone: 530-841-2114				

Facility Name:	Harvest Restaurant	
	The marked items represent Health Code violations and must be corrected as follows:	
	8	
Received By (Print):	Received by (Signature): Date:  dd Anthis	04/07/2025
REHS (Print):	REHS (Signature): Phon	EST Microsoft State (Automotive Control

530-841-2114

Rick Florendo

Facility Name:	Harvest Restaurant	
	The marked items represent Health Code violations and must be corrected as follows:	
*		
	·	
Received By (Print): Todo	Received by (Signature):  Id Anthis	ate: 04/07/2025
REHS (Print):	REHS (Signature):	none:
Rick Flo	orendo	530-841-2114

530-841-2114

Facility Name:	Harvest Restaurant	
	The marked items represent Health Code violations and must be corrected as follows	S:
×		
	Š	
127-7-7-1	Received by (Signature):	Date: 04/07/2025
REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114

530-841-2114