



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: Shasta Inn Permit # 000417						Permit # 000417					
Addres	SS:	1121 S. Moun	t Shas	ta Blvo	I., Mount Shasta, CA, 96067						
Permit	Hol	der:	#### 0000.			Permit To Operate:					
D.		Shasta Inr	i, LLC		F-100 70	Valid Not Valid					
Phone	Ę	530-926-3411			E-mail: info@shastainn.con	n					
Food S	Safet	ty Certified Employ	/ee:		NA	Expiration Date:					
			MAJ O	JT COS	The marked items represent Health Code v	iolations and must be corrected as follows:					
p.	1	Food Temp.			DOLITING INCOPPOTION CON	DUOTED THIS DATE					
em	2	Prep./ Service			ROUTINE INSPECTION CONDUCTED THIS DATE						
Je/	3	Storage/ Disp.									
Ţ	4	Frozen Food									
Protection Time/ Temp.	5	Pure Food									
otec	6	Reused Food									
Pr	7	Transportation			This facility is offering grab and	no hadded breakfast only					
0	8	Storage Fac.			This facility is offering grab and go bagged breakfast only.						
rag	9	Refrig. Units	F6 - 33		All food handling is satisfac	All food handling is satisfactory at present time.					
Food Storage	10	Thermometer		ŝ	was walk. Windows should strikt alled approximate the approximation of the strike and the strike						
000	11	Hazardous Mat.			Food manager certification is i	not required at this time.					
ш	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize		1							
	14	Equip. Condition									
en./	15	Utensil Condition									
5	16	Storage									
е	17	Handwashing									
Employee	18	Employee Hygiene		Î							
mp	19	Employee Habits									
	20	Food Cert./ Card									
Water		Water									
Š	22	Cross Con.									
Waste		Liquid Waste									
Ň	24	Refuse									
Vermin		Rodents/ Insects									
Ve	-	Animal/ Fowl									
	The same of	Ventilation	ш								
Se	28	Doors	ш								
Facilities		Floors	ш								
Fa	30	Walls - Ceilings		2							
		Toilet Fac.	ш								
		Janitorial Fac.									
		Lighting									
SC.		Clothing - Linen		-							
Misc.		Signs									
NAA J		Misc.	NIT - C	ıt of	anliance COS - Cot-dit-						
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: Todd Anthis 04/07/2025											
REHS (Print): Rick Florendo REHS (Signature): Phone: 530-841-21						Phone: 530-841-2114					

Facility Name:	Shasta Inn	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date	
To	dd Anthis	04/07/2025
REHS (Print):	REHS (Signature): Phor	ESE PROCESSORS DESCRIPTION

530-841-2114

Rick Florendo

Facility Name:	Shasta Inn	
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Received By (Print):	Received by (Signature): Da	te.
Tode	d Anthis	04/07/2025
REHS (Print):	REHS (Signature):	one:
Rick Flo	orendo	530-841-2114

530-841-2114

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Tod	dd Anthis	04/07/2025
REHS (Print):	REHS (Signature):	Phone:
Rick Flo	prendo	530-841-2114

530-841-2114