

## **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: Strawberr	ry Valley	Inn E	8&B	Permit # 000441			
Addres	SS:	COMMISSION (COMMISSION COMMISSION		100000000000000000000000000000000000000	., Mount Shasta, CA, 96067				
Permit	Hol	<sup>der:</sup> Mt. Shasta	Permit To Operate:  Valid Not Valid						
Phone		530-926-2052			E-mail: info@strawb	erryvalleyinn.net			
Food S	Safe	ty Certified Employ	yee: Tan	ner A	Part Valence - Commission of C	Expiration Date: 09/2029			
		55 55 55 55 55 55 55 55 55 55 55 55 55	MAJ OU			h Code violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.	IMAJ OU	1 005	me marked items represent near	Tode violations and must be corrected as follows.			
	2	Prep./ Service		+	ROUTINE INSPECTION	N CONDUCTED THIS DATE			
	3	Storage/ Disp.	1	+					
	4	Frozen Food							
	5	Pure Food	1						
	6	Reused Food	1 1		Satisfactory at Present Time				
Po	7	Transportation	1						
	8	Storage Fac.							
Food Storage	9	Refrig. Units							
	10255	Thermometer	1 1						
po	11	Hazardous Mat.		8					
Po	12	7	1 1						
o.	13	Wash/ Sanitize		0					
qui	14	Equip. Condition	1 1						
Uten./Equip.	15	Utensil Condition							
Ute		Storage	1 1						
0	17	Handwashing							
oyee	18	Employee Hygiene							
Employee	19	Employee Habits							
Ш	20	Food Cert./ Card							
Water	21	Water							
×	22	Cross Con.							
Waste	23	Liquid Waste							
Wa	24	Refuse							
Vermin	25	Rodents/ Insects							
Ver	26	Animal/ Fowl	2 2						
	27	Ventilation							
S	28	Doors							
Facilities	DOM:	Floors	ш						
Fa	30	Walls - Ceilings		2					
	31	Toilet Fac.	ш						
	32	Janitorial Fac.	$\vdash$	2					
		Lighting							
Misc.	1000	Clothing - Linen		-					
Ž		Signs							
MA I -		Misc.	OUT - Out	of cor	pliance COS - Corrected on site				
			OUT = Out	oi com	pliance COS = Corrected on-site  Received by (Signature):	Date:			
Received By (Print): Received by (Signature): Date:  Cheyanne Creek 09/26/2024									
REHS (Print): Rick Florendo			do		REHS (Signature):	Phone: 530-841-2114			

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Facility Name:	Strawberry Valley Inn B&B	
	The marked items represent Health Code violations and must be corrected as follows:	
×		
	,	
Received By (Print):	Received by (Signature): Date: eyanne Creek	09/26/2024
REHS (Print):	REHS (Signature): Phone	

530-841-2114

Rick Florendo

Facility Name:	rawberry Valley Inn B&B							
	The marked items represent Health Code violations and must be corrected as follows:							
	Received by (Signature): yanne Creek	Date: 09/26/2024						
REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114						

530-841-2114

Facility Name:	Strawberry Valley Inn B&B									
	The marked items represent Health Code violations and must be corrected as follows:									
	·									
×										
	X.									
Described Building	Descriped by (Cignotyre):	w:								
Received By (Print): Che	Received by (Signature):  Page 2	9/26/2024								
REHS (Print):	REHS (Signature): Phor	ne:								

530-841-2114

Rick Florendo