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 Name: Mount Shasta KOA | Permit #: 000030

Address: 900 N. Mount Shasta Blvd., Mount Shasta, CA, 96067

Permit Holder: Robin Merlo | Permit To Operate: (●) Valid ( ) Not Valid

Phone: 530-926-4029 | E-mail: mtshastakoa@gmail.com

Food Safety Certified Employee: NA | Expiration Date:

			MAJ	OUT	COS
Protection Time/ Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

The marked items represent Health Code violations and must be corrected as follows:

ROUTINE INSPECTION CONDUCTED THIS DATE

All food handling is satisfactory at present time.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

Received By (Print): Tim Pearce | Received by (Signature): | Date: 07/02/2025

REHS (Print): Rick Florendo | REHS (Signature): | Phone: 530-841-2114

Last modified 4/12/2023

Facility Name: Mount Shasta KOA

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Tim Pearce		07/02/2025
REHS (Print):	**REHS (Signature):**	**Phone:**
Rick Florendo		530-841-2114

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