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: Lake Siskiy | ou Gr | lle ar | nd Brew Permit # 000293 | | | |
|---|---|---------------------|----------|---------|---|--|--|--|
| Address: 4239 W.A Barr Rd., Mount Shasta, CA, | | | | | | | | |
| Permit | Hol | der: Reynolds Ro | esorts | | Permit To Operate: Valid Not Valid | | | |
| Phone | Phone: 530-926-1865 E-mail: acastillo@highwaywest.com | | | | | | | |
| Food S | Food Safety Certified Employee: Expiration Date: | | | | | | | |
| | | Ti | MAJ OU | T COS | The marked items represent Health Code violations and must be corrected as follows: | | | |
| Ö. | 1 | Food Temp. | × | _ | | | | |
| em | 2 | Prep./ Service | × | _ | ROUTINE INSPECTION CONDUCTED THIS DATE | | | |
| Protection Time/ T | 3 | Storage/ Disp. | × | | 1) Observed cold food held in deli prep coolers @ 48 degrees F. Hold all cold food @ | | | |
| | 4 | Frozen Food | | | 41 degrees F or colder. Corrected during inspection.2) Observe Pizza ovens blocking the kitchen exit and utilized without proper hood | | | |
| | 5 | Pure Food | | | | | | |
| | 6 | Reused Food | | | | | | |
| | 7 | Transportation | | | ventilation. Discontinue use until properly positioned under the hood ventilation syst | | | |
| е | 8 | Storage Fac. | | | 3) Observed raw foods stored over ready to eat foods in the reach in freezer. Store all | | | |
| orag | 9 | Refrig. Units | å 337 k | | raw meats under ready to eat foods at all times. Correct immediately. | | | |
| Uten./Equip. Food Sto | 10 | Thermometer | | à | | | | |
| | 11 | Hazardous Mat. | | | 13) Observed dishwasher dispensing less than 10 ppm Chlorine. Ensure mechanical | | | |
| - | 12 | Spoils | - | ŝ | warewashing chlorine is maintained at 50 ppm at all times. Utilize test strips to check concentration daily. Corrected during inspection. | | | |
| ./Equip. | 13 | Wash/ Sanitize | × | X | concentration daily. Corrected during inspection. | | | |
| | 14 | Equip. Condition | | | 13,16) Observed dirty utensils stored on dirty utensil hooks on food prep line. Ensure all | | | |
| ten. | , 100 | Utensil Condition | | | wares are properly cleaned and sanitized and stored in a manner that is not going to | | | |
| Ď | 16 | Storage | × | | contaminate them. Correct immediately. | | | |
| е | 17 | Handwashing | × | | 13) Observed zero sanitizer utilized in the sani buckets for wiping down tables and | | | |
| loye | 18 | Employee Hygiene | | | countertops in the front restaurant location. Ensure sanitizer is maintained at 200 ppm | | | |
| -mp | _ | Employee Habits | | | Quat or 100 ppm Chlorine at all times. Store working wiping cloths in the sanitizer | | | |
| | 20 | Food Cert./ Card | × | | solution when not in use. Corrected during inspection. | | | |
| Water Employee | | Water | | | 40) 0 | | | |
| | 22 | Cross Con. | | | 13) Observed a slimy build-up inside the ice machine located in the kitchen. Maintain all equipment in a clean and sanitary manner. Clean and sanitize in accordance with | | | |
| aste | | Liquid Waste | | | manufacturer's instructions. Discontinue use until completed. | | | |
| Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. | 24 | Refuse | | | manaractar of motivacione. Biocontinuo aco antin completoa. | | | |
| rmin | 100000 | Rodents/ Insects | | | 17) All handwashing stations located in kitchen, bar, and both bathrooms were observed | | | |
| Ve | 26 | Animal/ Fowl | | 8 | to be without single use paper towels for proper hand drying. Ensure all handwashing | | | |
| | October 1 | Ventilation | | | stations are supplied with single use paper towels on a dispenser, pump soap, and an adequate amount of warm water at all times. Corrected during inspection. | | | |
| Vermin Waste | 28 | Doors | × | | adequate amount of warm water at all times. Corrected during inspection. | | | |
| ciliti | 29 | Floors | × | | 28) Observed all the doors in the restaurant open to the outside. These doors are to | | | |
| Fa | 30 | Walls - Ceilings | | | remain closed at all times while not in use to prevent harborage of vermin and insects. | | | |
| | | Toilet Fac. | | | 00) 01 | | | |
| | | Janitorial Fac. | | | 29) Observed floor tiles broken and missing throughout the facility. Maintain floors in a smooth, durable, easily cleanable, and non-absorbent condition. Correct in 60 days. | | | |
| | | Lighting | | _ | smooth, durable, easily cleanable, and non-absorbent condition. Correct in oo days. | | | |
| Misc | | Clothing - Linen | | _ | | | | |
| | | Signs | | _ | | | | |
| MAI | | Misc. | IT - O | t of a | polionea COS – Corrected on cita | | | |
| | | |) I = UU | t OI CO | npliance COS = Corrected on-site Received by (Signature): Date: | | | |
| . ICCCIVE | 0) | Adin Cas | tillo | | 07/31/2025 | | | |
| REHS (| Print | Rick Florendo |) | | REHS (Signature): Phone: 530-841-2114 | | | |

| Facility Name: | Lake Siskiyou Grille and Brew | |
|----------------------|---|------------|
| | The marked items represent Health Code violations and must be corrected as follows: | |
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| Received By (Print): | | 07/31/2025 |
| REHS (Print): | REHS (Signature): Phone | |

530-841-2114

Rick Florendo

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| Received By (Print): | Received by (Signature): | Date: |
| | n Castillo | 07/31/2025 |
| REHS (Print): | REHS (Signature): | Phone: |
| Rick Flo | orendo | 530-841-2114 |

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|)i | Descriped by (Signature) | -1 |
| V-100 | Received by (Signature): Date of the Castillo | ate: 07/31/2025 |
| REHS (Print): Rick Flor | REHS (Signature): Prorendo | none: 530-841-2114 |

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