



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: Mt Shasta Brewing Company	Permit # 000342
Address: 360 College Ave, Weed CA	
Permit Holder: Anne Kline	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-938-2394	E-mail: Charles@mountshastabrewingcompany.com
Food Safety Certified Employee: Steven Elliot	Expiration Date: 02/2026

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
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		X	
	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		X	
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED THIS DATE

14) Observed broken and non-operational kitchen equipment throughout the kitchen area. The food facility shall be free of all items that are unnecessary to the operation of the facility, non-functional, and no longer used. Any items not appropriate for food storage and no longer in use shall be removed within the next 60 days.

30) Observed excessive grease on the ceiling above the convection oven. Maintain in a cleanly manner at all times. Clean ASAP.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Emma Kline	Received by (Signature): _____ Date: 8/12/2025
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Mt Shasta Brewing Company

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

Received By (Print):
Emma Kline

Received by (Signature):

Date:
8/12/2025

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

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