



# 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: <b>Cafe Fiorucci</b>	Permit # <b>000337</b>
Address: <b>610 S. Main St., Mount Shasta, CA, 96067</b>	
Permit Holder: <b>Gino Fiorucci</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>530-918-6006</b>	E-mail: <b>gtlf5000@yahoo.com</b>
Food Safety Certified Employee: <b>Gino Fiorucci</b>	Expiration Date: <b>11/2029</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p><b>ROUTINE INSPECTION CONDUCTED THIS DATE.</b></p> <p>This facility is currently only utilized for Catering atm. Finish all the maintenance and repairs prior to opening for regular business.</p>
	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	<input type="checkbox"/>		
	28	Doors	<input type="checkbox"/>		
	29	Floors	<input type="checkbox"/>		
	30	Walls - Ceilings	<input type="checkbox"/>		
	31	Toilet Fac.	<input type="checkbox"/>		
	32	Janitorial Fac.	<input type="checkbox"/>		
	33	Lighting	<input type="checkbox"/>		
Misc.	34	Clothing - Linen	<input type="checkbox"/>		
	35	Signs	<input type="checkbox"/>		
	36	Misc.	<input type="checkbox"/>		

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Gino Fiorucci</b>	Received by (Signature): _____ Date: <b>09/11/2025</b>
REHS (Print): <b>Rick Florendo</b>	REHS (Signature): _____ Phone: <b>530-841-2114</b>

**Facility Name:** Cafe Fiorucci

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

Received By (Print):  
Gino Fiorucci

Received by (Signature):

Date:  
09/11/2025

REHS (Print):  
Rick Florendo

REHS (Signature):

Phone:  
530-841-2114

**Facility Name:** Cafe Fiorucci

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

*(This area is currently blank, intended for listing health code violations and their corrections.)*

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