



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 Resort	Permit # 000350
Address: 1000 Siskiyou Lake Blvd., Mount Shasta, CA 96067	
Permit Holder: Susan Bently	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-926-3030	E-mail: anne@mtshastaresort.com
Food Safety Certified Employee: Jonathan Rivera	Expiration Date: 04/2028

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.		X	<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed numerous cold foods held in multiple deli prep coolers held between 45-58 degrees F. Hold all cold foods @ 41 degrees F or colder. All out of temp food voluntarily discarded.</p> <p>9) Discontinue using the refrigeration units involved in the above violation until repaired. Maintain all refrigeration units in good working condition at all times.</p> <p>13) Observed excessive buildup on equipment such as the beer coolers, soda taps, and other. Maintain all equipment in a cleanly and serviceable condition. Clean asap</p> <p>29) Observed excessive dirt and buildup on the floors and in hard to reach places, throughout the facility Maintain floors in a clean condition at all times. Clean asap. 3rd Notice</p> <p>A reinspection fee will be assessed for future non-compliance of repeat violations.</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		X	
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize		X	
	14	Equip. Condition			
	15	Utensil Condition			
Employee	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
Water	20	Food Cert./ Card			
	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		X	
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Anne Rivera	Received by (Signature): _____ Date: 09/17/2025
REHS (Print): Rick Florendo	REHS (Signature): _____ Phone: 530-841-2114

Facility Name: Mount Shasta Resort

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

Received By (Print):
Anne Rivera

Received by (Signature):

Date:
09/17/2025

REHS (Print):
Rick Florendo

REHS (Signature):

Phone:
530-841-2114

Facility Name: Mount Shasta Resort

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

Received By (Print):
Anne Rivera

Received by (Signature):

Date:
09/17/2025

REHS (Print):
Rick Florendo

REHS (Signature):

Phone:
530-841-2114

Facility Name: Mount Shasta Resort

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

Received By (Print):
Anne Rivera

Received by (Signature):

Date:
09/17/2025

REHS (Print):
Rick Florendo

REHS (Signature):

Phone:
530-841-2114