



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: Best Western Treehouse	Permit # 000467
Address: 111 Morgan Way, Mount Shasta, CA 96067	
Permit Holder: Good Nite Inn, Inc.	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-926-3101	E-mail: fbm@treehouseshasta.com
Food Safety Certified Employee: Jessie Woods	Expiration Date: 01/2029

		MAJ	OUT	COS		
					The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/ Temp.	1	Food Temp.		X	X	<p style="text-align: center; font-weight: bold; font-size: 1.2em;">FOLLOW INSPECTION CONDUCTED ON THIS DATE</p> <p>Today inspection is to observe non-compliance of cold holding units noted on previous inspection report. The following observations were found:</p> <p>1) 2nd Notice- Observed numerous cold foods held in undercounter prep cooler at the cooks line with surface temperature of 50F and middle and bottom measured at 48F. Hold cold food at 41F or colder. Voluntarily discarded.</p> <p>1) 2nd Notice- Observed diced bacon and sour cream at 55F located at the tabletop deli cooler. Other foods held in this unit measured between 47 F-48F. Hold cold food at 41F or colder. Voluntarily discarded.</p> <p>13, 14) Observed dust and grease buildup on the coils of equipment mentioned above. Maintain equipment in good repair and fully serviceable. Wash, clean, and maintain unit according to manufacturer instructions immediately. Units may need to be serviced and if unserviceable, then replaced. If unit is replaced, submit manufacturer spec to this department prior to use and installation. - Email spec sheets to: rflorendo@co.siskiyou.ca.us; or cdewey@co.siskiyou.ca.us</p> <p>Future non-compliance will result in reinspection fees, an administrative hearing, and potential permit revocation.</p> <p style="font-weight: bold; font-size: 1.1em;">A follow-up inspection will be conducted within 7 days.</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		X		
	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				
	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): Shiann Jenkins	Received by (Signature): _____ Date: 11/20/2025
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Best Western Treehouse

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

[Empty area for listing health code violations and correction details]

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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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