



# 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>Mary's Inn &amp; Mount Shasta Retreat</b> |  | Permit # <b>001056</b>                                                                             |
| Address: <b>203 Birch St Mount Shasta 96067</b>             |  |                                                                                                    |
| Permit Holder: <b>Mary Donnelly</b>                         |  | Permit To Operate:<br><input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: <b>530-261-1161</b>                                  |  | E-mail: <b>creatingharmonywithin@gmail.com</b>                                                     |
| Food Safety Certified Employee:                             |  | Expiration Date:                                                                                   |

|                        |                      | MAJ | OUT | COS |                                                                                                                                                                                                                                                                                                                  |
|------------------------|----------------------|-----|-----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        |                      |     |     |     | The marked items represent Health Code violations and must be corrected as follows:                                                                                                                                                                                                                              |
| Protection Time/ Temp. | 1 Food Temp.         |     |     |     | <p style="text-align: center;"><b>ROUTINE INSPECTION CONDUCTED ON THIS DATE</b></p> <p>20) Facility does not have a food manager certificate. Obtain one within 30 days. 2nd Notice.</p> <p>Future non-compliance will result in reinspection fees, administrative hearing, and potential permit revocation.</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  |     | X   |     |                                                                                                                                                                                                                                                                                                                  |
| 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): <b>Mary Donnelly</b>                                   | Received by (Signature): _____ Date: <b>12/01/2025</b> |
| REHS (Print): <b>Chalyn Dewey</b>                                           | REHS (Signature): _____ Phone: <b>530-841-2112</b>     |

**Facility Name:** Mary's Inn & Mount Shasta Retreat

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

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Date:  
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