

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	Facility Name: Starbucks Mt. Shasta 000830							
Address: 301 W. Lake St., Mount Shasta, CA, 96067								
Permit	Permit Holder: Permit To Operate:							
Phone	Starbucks X Valid Not Valid							
	550-575-5007 us 1967575@starbucks.com							
Food	Food Safety Certified Employee: Elizabeth Werking Expiration Date: 03/2027						Expiration Date: 03/2027	
	MAJ OUT COS					The marked items represent Health Code violations and must be corrected as follows:		
Protection Time/ Temp.	1	Food Temp.				ROUTINE IN	SPECTION CONDUCTED T	HIS DATE
	2	Prep./ Service						
	3	Storage/ Disp.						
	4	Frozen Food						
ctio	5	Pure Food				S	atisfactory at Present Time	
Prote	6	Reused Food						
	7	Transportation						
ge	8	Storage Fac.						
oraç	9	Refrig. Units						
Food Storage	10	Thermometer		2				
Poo	_	Hazardous Mat.						
	12	Spoils		2				
uip.		Wash/ Sanitize						
Uten./Equip.	14	Equip. Condition						
ten.	-	Utensil Condition						
<u> </u>	-	Storage		7				
90	_	Handwashing						
Employee	18	Employee Hygiene						
E L	-	Employee Habits		3				
		Food Cert./ Card						
Water	-	Water	-		_			
>	22		_	3				
Waste		Liquid Waste						
	-	Refuse						
Vermin	<u> </u>	Rodents/ Insects	_					
Ve	-	Animal/ Fowl	_	3				
	27							
es	-	Doors			_			
Facilities		Floors						
Fa	30	Walls - Ceilings		ş				
	31	Toilet Fac.						
	32	Janitorial Fac.		a	_			
	1	Lighting			_			
Misc.	34	-			_			
		Signs	_		_			
		Misc.		Outof	aamaliaaaa	000 - 0	to	
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site					Date:			
Received By (Print): Received by (Signature): Date: 12/31/2024								
REHS (Print): REHS (Signature): Phone: 530-841-2114				Phone: 530-841-2114				

Facility Name:	Starbucks Mt. Shasta			
	The marked items repre	sent Health Code violations and	must be corrected as follow	/S:
Facility Name:		sent Health Code violations and	I must be corrected as follow	/S:
REHS (Print):	nnah Crispi	Received by (Signature): REHS (Signature):		Date: 12/31/2024 Phone:
Rick Flore	ndo			530-841-2114

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Page 3				

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	The marked items re	present Health Code violations and	must be corrected as follow	NS:
		κ.		
		Popping by (Circoline)		Deter
	nnah Crispi	Received by (Signature):		Date: 12/31/2024
REHS (Print): Rick Flo	rendo	REHS (Signature):		Phone: 530-841-2114