



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: **Subway - Mount Shasta** Permit # **000444**

Address: **150 Morgan Way, Mount Shasta, CA, 96067**

Permit Holder: **Shelly Chiles** Permit To Operate: Valid Not Valid

Phone: **530-926-1339** E-mail: **shelly.chiles@yahoo.com**

Food Safety Certified Employee: **Stephanie Gutierrez** Expiration Date: **08/2023**

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

	MAJ	OUT	COS
Protection Time/Temp.	1	Food Temp.	
	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	
	28	Doors	
	29	Floors	
	30	Walls - Ceilings	
	31	Toilet Fac.	
	32	Janitorial Fac.	
	33	Lighting	
Misc.	34	Clothing - Linen	
	35	Signs	
	36	Misc.	

ROUTINE INSPECTION CONDUCTED THIS DATE

Satisfactory at Present Time

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

Received By (Print): **Stephanie Gutierrez** Received by (Signature): _____ Date: **02/12/2025**

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

Facility Name: Subway - Mount Shasta

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Received by (Signature):

Date:
02/12/2025

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Rick Florendo

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