



Food Program Official Inspection Report
 SISKIYOU COUNTY PUBLIC HEALTH
 & COMMUNITY DEVELOPMENT
 806 S. Main Street
 Yreka, California 96097
 ph: (530) 841-2100, fax: (530) 841-4076

Facility Name: Josefina's Tamales	CMHC# 660971
Address: 405 Berry St. Apt. B, Mt. Shasta	
Permit Holder: Josefina Arrendondo	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 310-619-3041	E-mail:
Food Safety Certified Employee: Josefina Arrendondo	Expiration Date:

		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1 Food Temp.				Routine Inspection Conducted This Date
	2 Prep./ Service				
	3 Storage/ Disp.				
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				All food temps satisfactory at present time.
	9 Refrig. Units				
	10 Thermometer				
	11 Hazardous Mat.				
	12 Spoils				
Uten./Equip.	13 Wash/ Sanitize				17.) Observed no hot water for hand washing. Pilot light had blown out by the wind. Hot water was reestablished during inspection after relighting the pilot on the heater.
	14 Equip. Condition				
	15 Utensil Condition				
	16 Storage				
Employee	17 Handwashing		X	X	
	18 Employee Hygiene				
	19 Employee Habits				
	20 Food Cert./ Card				
Water	21 Water				
	22 Cross Con.				
Waste	23 Liquid Waste				
	24 Refuse				
Vermir	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): Lupe	Received by (Signature):	Date: 8-26-21
REHS (Print): Rick Florendo	REHS (Signature):	Phone: 841-2114