

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	Na	^{me:} Josefina's	Taq	ueria	ì		Permit # 000774		
Address: 1009 S Main St., Yreka, CA 96097									
Permit	Permit Holder: Permit To Operate:								
Phone	Erick Felix O Valid O Not Valid Phone: 520 C42 9005 E-mail: inconfigurations @ small ports								
530-643-8095 Josennastaquenaca@gmail.com									
Food Safety Certified Employee: Josefina Arredondo MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:									
			MAJ		COS	The marked items represent Health Code violation	s and must be corrected as follows:		
Protection Time/ Temp.		Food Temp.		X		ROUTINE INSPECTION CONDUCTED ON THIS	DATE		
	2	Prep./ Service		Χ		NOOTINE INSPECTION CONDUCTED ON THIS	DATE		
	3	Storage/ Disp.				1, 2) Observed cooked rice and tomatoes cooling	on the drain board of the prep sink		
	4	Frozen Food				and prep table. Use prep sink for prepping food or			
ctio	5	Pure Food				not contaminate food. Corrected during inspection	l.		
rote	6	Reused Food				1) Observed hot food held at 112F in the hot hold	or Hold hat food at 135E or above		
Pı	7	Transportation				Voluntarily discarded.	not holder. Hold hot lood at 1331 of above.		
<u>e</u>	8	Storage Fac.				volument, alocal acai			
orag	9	Refrig. Units		X) Observed whole fruits stored adjacent to mop sink. Sto			
Food Storage	10	Thermometer				from contamination and adulteration of food. Corre	ect immediately.		
-000		Hazardous Mat.				0) Observed the refrigeration unit at the har not be	olding cold food to tomp. Observed		
4	12	Spoils				 Observed the refrigeration unit at the bar not he damaged seal around the door. Maintain unit in go 			
.dir	13	Wash/ Sanitize		X		damaged sear around the door. Waintain aint in ge	ood ropaii. Ropaii wiliiii oo dayo.		
Uten./Equip.	14	Equip. Condition		X		13) Observed 0ppm chlorine concentration is the sani-bucket. Effective chlorine disinfectants measures at 100ppm. Observed facility did not have test strips to chlorine concentration. Sanitizer should be tested daily or as needed. Correct	sani-bucket. Effective chlorine		
ten.,	15	Utensil Condition							
Ţ	16	Storage					daily or as needed. Correct		
e		Handwashing				immediately.			
Employee	18	Employee Hygiene				13) Observed numerous used wash cloths stored	on the countertops and not in sani-		
dm:	19	Employee Habits				bucket, throughout the facility. Ensure used wash cloths are stored in sani-buck			
	20	Food Cert./ Card				not in use. Corrected during inspection.			
ater	21	Water							
		Cross Con.				13) Observed a buildup of slime in the ice machine			
aste		Liquid Waste				unit has been washed, rinsed, and sanitized according to manufacturers instruction.			
	24	Refuse				Correct ininieulately.			
Vermin Waste Water	25	Rodents/ Insects				4) Observed bare wood throughout the kitchen a	nd food storage area. Ensure these		
	26	Animal/ Fowl				surfaces to be smooth, durable, nonabsorbent, and easily cleanable. Repair or			
	27	Ventilation				within the next 30 days. 2ND NOTICE.	days. 2ND NOTICE.		
Se	28	Doors		X		28) Observed a large gap on the bottom of the do	or in the back entrance. Ensure facility		
Facilities	29	Floors		X		is equipped and constructed in a way to prevent e			
Fa	30	Walls - Ceilings		X		rodents, or vermin. Correct immediately.			
	31	Toilet Fac.							
	32	Janitorial Fac.				14, 29, 30) Observed excessive buildup of dirt, dust, grease, and fo			
	33	Lighting				the facility and hard to reach places. Maintain facil Correct immediately.	lity in a clean manner at all times.		
Misc	34	Clothing - Linen				Correct Illimediately.			
	35	Signs							
		Misc.							
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site								
Received By (Print): April Arredondo Received by (Signature): Date: 11/17/2023									
REHS (REHS (Print): REHS (Signature): Phone: 530-841-2112								

Facility Name: Josefina's Ta	aqueria	
The marke	d items represent Health Code violations and must be co	rrected as follows:
	· ·	
Received By (Print):	Received by (Signature):	Date:
April Arredondo		11/17/2023
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey		530-841-2112

Facility Name: Jo	sefina's Taqueria	
	The marked items represent Health Code violations and must be corrected as follows	S:
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	redondo	11/17/2023
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dev	vey	530-841-2112

Facility Name:	Josefina's Taqueria	
	The marked items represent Health Code violations and must be corrected as	follows:
	Description (Observed)	
	ril Arredondo	Date: 11/17/2023
REHS (Print): Chalyn [REHS (Signature): Dewey	Phone: 530-841-2112