## 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: Tacostao Catering Permit # 000791							
Addres	SS:	108 W Oberlin	ı Yre	ka C	A 96	6097	
Permit	Hol	<sup>der:</sup> Samantha	Pere	Z		Permit To Operate:	
Phone	: _	108-680-6425				E-mail: perezfamilyx4@gmail.com	
Food S	Safe	ty Certified Employ	ee: s	Sama	ntha		
				OUT		The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/ Temp.	1	Food Temp.	IVIAG	001	000	·	
		Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE	
	3	Storage/ Disp.					
	4	Frozen Food					
	5	Pure Food				14) Observed a leak dishwasher's water pipe. Maintain equipment in good repair. and	
	6	Reused Food				fully operable. Repair or correct in 90 days.	
P	7	Transportation				14) Observed the pine to the 2 compartment ainly lease and with tape around it. Maintain	
4)	8	Storage Fac.				14) Observed the pipe to the 3-compartment sink loose and with tape around it. Mainta equipment in good repair and fully serviceable. Repair or correct within 90 days.	
rage	9	Refrig. Units				equipment in good repair and raily serviceable. Repair of correct within 30 days.	
Food Storage	10	Thermometer				36) Payment has not been received for Food operation permit for 2024. Remit payment	
poo	11	Hazardous Mat.				asap.	
ш	12	Spoils					
ġ.	13	Wash/ Sanitize					
Uten./Equip.	14	Equip. Condition		X			
en./	15	Utensil Condition					
Ď	16	Storage					
Ф	17	Handwashing					
Employee	18	Employee Hygiene					
dw:	_	Employee Habits					
	20	Food Cert./ Card					
Water		Water					
	22	Cross Con.					
Waste	_	Liquid Waste					
<u>&gt;</u>		Refuse					
Vermin		Rodents/ Insects					
>		Animal/ Fowl					
		Ventilation					
ies		Doors					
Facilities	_	Floors	Н				
щ		Walls - Ceilings					
	31 32	Toilet Fac.  Janitorial Fac.					
		Lighting Clothing - Linen					
Misc.		Signs		$\dashv$	$\dashv$		
		Misc.		×			
MAJ =			UT =		of com	apliance COS = Corrected on-site	
Received By (Print): Received by (Signature): Date: Samantha Perez 4/12/2024							
REHS (Print): REHS (Signature): Chalyn Dewey						REHS (Signature): Phone: 530-841-2112	

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The marked item	s represent Health Code violations and must be co	prected as follows:		
	,			
Received By (Print):	Received by (Signature):	Date:		
Samantha Perez		4/12/2024		
REHS (Print):	REHS (Signature):	Phone:		
Chalyn Dewey		530-841-2112		

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