



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: Josefina's Taqueria	Permit # 000774
Address: 1009 S Main St., Yreka, CA 96097	
Permit Holder: Erick Felix	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-643-8095	E-mail: josefinastaqueriaca@gmail.com
Food Safety Certified Employee: Josefina Arredondo	Expiration Date: 06/2029

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; margin-top: 0;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>2) Observed scoops used to portion food without handles. Portion food using a scoop with handle. Ensure scoop is stored in food with handle upright. Correct immediately.</p> <p>3) Observed raw eggs stored next to or above tomatoes and cheese in the reach-in refrigerator. Store ready-to-eat foods above raw foods and on separate shelves. Correct immediately.</p> <p>3) Observed a bulk food storage bin stored below the 3-compartment sink drainboard. Ensure food is not stored under location where water can drip or other sources of contamination. Correct immediately.</p> <p>13) Observed 10-50ppm chlorine disinfectant concentration in the sani-bucket at the front counter. Ensure sanitizer has a concentration of 100ppm chlorine or 200ppm quat. Utilize test strips daily or at least every 2hrs to measure disinfectant level. Correct immediately.</p> <p>29) Observed baseboards missing in the utensil storage area. Ensure baseboards extend at least 4" at the junction of the floor and wall with a 3/8" radius coved at the base. Repair or replace within 90 days.</p> <p>NOTE:</p> <p>1) Facility has purchased a new Waring handheld blender without pre-approval by the department. Ensure all new equipment are pre-approved by the department prior to purchase and installation.</p> <p>2) Issued "Facility Inspection Notice" form.</p>
	2	Prep./ Service		X	
	3	Storage/ Disp.		X	
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize		X	
	14	Equip. Condition			
Employee	15	Utensil Condition			
	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
Water	19	Employee Habits			
	20	Food Cert./ Card			
Waste	21	Water			
	22	Cross Con.			
Vermin	23	Liquid Waste			
	24	Refuse			
Facilities	25	Rodents/ Insects			
	26	Animal/ Fowl			
	27	Ventilation			
	28	Doors			
	29	Floors		X	
	30	Walls - Ceilings			
	31	Toilet Fac.			
Misc.	32	Janitorial Fac.			
	33	Lighting			
	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): April Arrendando	Received by (Signature): _____ Date: 10/04/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Josefina's Taqueria

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

Received By (Print): April Arrendando Received by (Signature): Date: 10/04/2024

REHS (Print): Chalyn Dewey REHS (Signature): Phone: 530-841-2112

Facility Name: Josefina's Taqueria

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

[Empty area for listing health code violations and correction details]

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