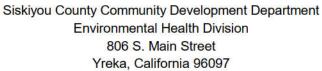
Food





phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: TacosTao #2- Catering Permit # 000791										
Address: 108 W. Oberlin Rd., Yreka CA 96097										
Permit	Hol	^{der:} Josefina C	ruz		Permit To Operate: Valid Not Valid					
Phone	. 5	30-598-5674			E-mail: josefinacruzc@gmail.com					
Food S			/ee: la	cofina						
Joseffina Cruz 06/2029										
Protection Time/ Temp.	1	Food Temp.	MAJ	OUT COS	The marked items represent Health Code violations and must be corrected as follows:					
	2	Prep./ Service	++		ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.								
	4	Frozen Food	\vdash							
	5	Pure Food								
tect	6	Reused Food	1							
Pro	7	Transportation								
	8	Storage Fac.	++							
age	9	Refrig. Units	+ +		SATISFACTORY AT PRESENT TIME.					
Food Storage	10	Thermometer	++		SATISFACTORY AT PRESENT TIME.					
	11	Hazardous Mat.								
R	12	Spoils	++							
	13	Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
n./E		Utensil Condition			Note: Facility maintain the following onsite and for records for 90 days:					
Ute	16	Storage	+		- location, date, and time of offsite food service activity.					
	17	Handwashing			- customer name and contact information, including address, email address, and phone					
Employee	18	Employee Hygiene			number.					
oldu	19	Employee Habits			- whether food was delivered to a customer or served to guest at catered event					
ᇤ	20	Food Cert./ Card			- departure and arrival food temperature logs for transportation, and corrective action taken if food arrived out of temperature.					
ē	21	Water	1 1		- complete menu of food provided.					
Water	22	Cross Con.								
te	23	Liquid Waste								
Waste	24	Refuse								
Ē	25	Rodents/ Insects								
Vermin		Animal/ Fowl								
-	27	Ventilation								
	28	Doors								
Facilities	29	Floors								
aci	30	Walls - Ceilings								
	31	Toilet Fac.	П		1					
	32	Janitorial Fac.	П							
	33	Lighting								
.:	34	Clothing - Linen								
Misc.	35	Signs								
	Contract of	Misc.			1					
MAJ =			OUT = (Out of co	mpliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date: Josefina Cruz Received by (Signature): 10/15/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2112										

Facility Name:	TacosTao #2- Caterir	ng		
	The marked items re	present Health Code violations and m	nust be corrected as follows:	
•				
Description (D. C.)		Descived by (Circature):	5.	
Received By (Print): Jos	sefina Cruz	Received by (Signature):	Date: 10/15/2024	
REHS (Print): Chalyn D	ewey	REHS (Signature):	Phone: 530-841-2112	

Facility Name:	TacosTao #2- Catering	
	The marked items represent Health Code violations and must be corrected as follows	:
Received By (Print):	Received by (Signature):	Date:
Jose	efina Cruz	10/15/2024
REHS (Print): Chalyn I	REHS (Signature): F	Phone: 530-841-2112

Facility Name:	TacosTao #2- Cateri	ng	
	The marked items re	present Health Code violations and must be co	orrected as follows:
	efina Cruz	Received by (Signature):	Date: 10/15/2024
REHS (Print): Chalyn D	Dewey	REHS (Signature):	Phone: 530-841-2112