



### 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: <b>Taqueria Mi Raza</b>	Permit #
Address: <b>113 W Third St Dorris CA 96023</b>	
Permit Holder: <b>Taqueria Mi Raza</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-397-4034</b>	E-mail:
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1		X		<p style="text-align: center; margin-top: 0;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed cold held food items greater than 41 F. Most of the out of temperature foods were measured @ 50 - 59 F. Hold cold food @ 41 or colder and dairy products can be held at 45 F. Voluntarily discarded.</p> <p>16) Observed ice scoop inside ice machine. Keep utensils in a container which can be sanitized and cleaned. Moved ice scoop out of ice machine into approved storage container, corrected onsite.</p> <p>21) Observed no hot water in kitchen for handwashing sink. Maintain water at least 100 F. Repair within 14 days to avoid facility closure.</p> <p>NOTE: FOOD FACILITY HAS 60 DAYS FOR FOOD MANAGER CERTIFICATION TO BE PROVIDED.</p>
	2		X		
	3				
	4				
	5				
	6				
	7				
Food Storage	8				
	9				
	10				
	11				
	12				
Uten./Equip.	13				
	14				
	15				
	16		X	X	
Employee	17				
	18				
	19				
	20				
Water	21		X		
	22				
Waste	23				
	24				
Vermin	25				
	26				
Facilities	27				
	28				
	29				
	30				
	31				
	32				
	33				
Misc.	34				
	35				
	36				

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Alexa Roche</b> Received by (Signature): _____      Date: <b>4/26/2023</b>
REHS (Print): <b>Alexa Roche</b> REHS (Signature): _____      Phone: <b>530-841-2117</b>

**Facility Name:** Taqueria Mi Raza

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Date:

4/26/2023

REHS (Print):

Alexa Roche

REHS (Signature):

Phone:

530-841-2117

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