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	Tau	eria	Mob	ile Permit # 000275				
Addres	S:	308 S. Mount	Shas	sta B	lvd.,	Yreka, CA, 96097				
Permit	Permit Holder: Josefina Arrendondo Permit To Operate: Valid Not Valid									
Phone: 310-619-3041 E-mail: josefinastaqueriaca@gmail.com										
Food S	Food Safety Certified Employee: April Arredondo Expiration Date: 12/2028									
			The marked items represent Health Code violations and must be corrected as follows:							
Protection Time/ Temp.	1	Food Temp.		X	X					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
	3	Storage/ Disp.				1) Observed shredded beef sitting on the counter @ 66 degrees F. Keep all cold food at				
	4	Frozen Food				41 degrees F or colder and hot food at 135 degrees or hotter. Voluntarily discarded				
tion	5	Pure Food								
Protec	6	Reused Food				13) Observed no sanitizer bucket in use for the proper storage of working wiping clo				
	7	Transportation				Ensure that all working wiping cloths are stored in a sanitizer solution of 100 ppm Cl 200 ppm Quat. Use test strips to ensure that the concentration of the sanitizer is				
Food Storage	8	Storage Fac.				maintained at all times. Correct during inspection. 2ND NOTICE				
	9	Refrig. Units	9.0 - 200			CONTRACTOR				
	10	Thermometer				13) Observed an alcohol based sanitizer in a spray bottle utilized instead of the standard				
F000		Hazardous Mat.				approved Chlorine or Quaternary Ammonium. The alcohol sanitizer is not approve for use in this mobile. Corrected during inspection.				
£	12	Spoils				use in this mobile. Corrected during inspection.				
Uten./Equip.	, 19 55 24	Wash/ Sanitize		X	X	16) Observed single-use forks, available for customer self-service, stored in a can that is				
	- 0	Equip. Condition		3		rusted and non-cleanable, and with the handles down in the container. Display self-				
Iten.		Utensil Condition				service utensils with the handles oriented upward and store in a container that is food				
כ	_	Storage		X		grade and cleanable. Ensure that this container is also washed, rinsed, and sanitized daily.				
90		Handwashing		X	X	daily.				
Employee	-	Employee Hygiene				17) Observed hand washing sink was obstructed by an empty sanitizer bucket and other				
Emp	_	Employee Habits				items. It appears that this sink has not been utilized for hand washing. This sink is				
1800	7	Food Cert./ Card		X		required to be unobstructed at all times, and it is the only sink that is permissible to be				
ater		Water				used for hand washing. Corrected during inspection.				
S		Cross Con.			-	17) Observed employee utilizing gloves in the preparation of food without washing their				
/aste		Liquid Waste				hands. Hand washing is always mandatory before donning gloves for food preparation.				
Waste Water		Refuse			-					
Vermin Waste	100000	Rodents/ Insects			χ.	20) Observed both employees working in the mobile food truck lacking knowledge of				
>		Animal/ Fowl			0	proper food handling. Neither employee has a current food handler card, nor are the food handler cards available to review on site. Every employee who works in this mobile				
	0.00	Ventilation			ž.	is required to obtain a food handler's card within 30 days of hire. A copy of these cards				
ies	1	Doors		~	8	are to be available for inspection at all times. Employees who do not have adequate				
Facilities		Floors Walls Coilings		×		knowledge of safe food handling will be asked to be removed from the mobile food				
Ĭ,		Walls - Ceilings	Н			operation.				
		Toilet Fac. Janitorial Fac.				29) Observed excessive buildup of dirt, grease, and other debris on the floor through				
						the mobile. Maintain floors in a clean and sanitary condition at all times. Clean asap.				
Misc.	_	Lighting Clothing - Linen				,				
		Signs								
MA.I =		Misc. or violation C	UT =	Out	of com	ppliance COS = Corrected on-site				
		y (Print):			. 5511	Received by (Signature): Date:				
Andy Felix 01/26/2025										
REHS (Print): REHS (Signature): Phone: 530-841-2114										

Facility Name:	Josefina's Taueria Mobile		
	The marked items represent Health Co	ode violations and must be corrected as follow	ws:
•			
Received By (Print):	Received by	(Signature):	Date:
An	dy Felix		01/26/2025
RFHS (Print)	REHS (Sign	paturo):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Josefina's Taueria Mobile		
	The marked items represent	Health Code violations and must be corrected as follows:	ows:
Received By (Print):		deceived by (Signature):	Date: 01/26/2025
REHS (Print):	/ Felix	REHS (Signature):	01/26/2025 Phone:
Rick Flo	rendo	(o.g. a.a.o).	530-841-2114

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Facility Name:	Josefina's Taueria Mobile	
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Received By (Print):	Received by (Signature): Da	ute:
		01/26/2025
REHS (Print): Rick Flo	REHS (Signature): Ph	one: 530-841-2114

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