



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 #2 - Mobile Truck				Permit # 001103	
Address: 108 W. Oberlin Rd., Yreka CA 96097					
Permit Holder: Josefina Cruz				Permit To Operate: ☒ Valid ☐ Not Valid	
Phone: 530-598-5674		E-mail: josefinacruz@gmail.com			
Food Safety Certified Employee: Josefina Cruz				Expiration Date: 06/2029	
		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows: ROUTINE INSPECTION CONDUCTED THIS DATE 14) Observed the insulation lining damaged on both door cabinet of the reach-in freezer in the kitchen. Observed contractor tape used to hold up the right door gasket. The cabinet is not easily cleanable and exposed insulation material may pose as a contamination source to stored food. Maintain equipment in good repair and fully serviceable. Ensure all food contact surfaces are easily cleanable, smooth, durable, and nonabsorbent. Repair or correct within 90 days.
Protection Time/ Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition		X	
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site					
Received By (Print): Josefina Cruz				Received by (Signature): _____ Date: 03/28/2025	
REHS (Print): Chalyn Dewey				REHS (Signature): _____ Phone: 530-841-2112	

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

Received By (Print): Josefina Cruz	Received by (Signature):	Date: 03/28/2025
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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