

County of Tehama  
Department of Environmental Health  
633 Washington St., Rm 36  
Red Bluff CA 96080  
Phone # (530) 527-8020  
www.co.tehama.ca.us

## OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

Facility Name	: AMIGOS DE ACAPULCO	Owner	: MELECIO HUERTA
Site Address	: 3600 HIGHWAY 99 W	Owner Address	: 926 SHERIDAN AVE
Facility ID	: FA0000489	Inspector	: EE0000015 - Jenna Longchamps
Record ID	: PR0000090	Inspector Phone	: Not Specified
License/Permit Number	: 2005-16F-1	Program:	: 1628 - Food Vehicle Prepared Food
Person in Charge	:		:
Inspection Date	: 1/10/2019	Total Inspection Time	: 45 min.
Inspection Number	: DA0006527	Result	: 03 - Minor Violations
Purpose of Inspection	: 102 - Routine Inspection		

An inspection of your property revealed the following violations. Please note the date for reinspection. Thank you for your cooperation.

### Inspection Violations

#### FOOD TRAINING - 16 1

"Comply by Date" Not Specified

Not In Compliance

*Violation Description:*

All food employees shall have adequate knowledge of and be trained in food safety as it relates to their assigned duties. (113947) Food facilities that prepare, handle or serve non-prepackaged potentially hazardous food, shall have an employee who has passed an approved food safety certification examination. (113947-113947.1)

*Corrective Description:*

*Inspector Comments:*

Please keep employee food training up to date and provide current Food Manager's certificate to our office as soon as possible.

#### HAND WASHING FACILITIES REQUIRED - 16 6

"Comply by Date" Not Specified

Not In Compliance

*Violation Description:*

Handwashing soap and towels or drying device shall be provided in dispensers; dispensers shall be maintained in good repair. (113953.2) Adequate facilities shall be provided for hand washing, food preparation and the washing of utensils and equipment. (113953, 113953.1, 114067(f))

*Corrective Description:*

*Inspector Comments:*

Paper towel dispenser damaged/removed; Please re-install and keep handwashing sink accessible at all times during operation.

#### MOBILE SIGNAGE - 16 39B

"Comply by Date" Not Specified

Not In Compliance

*Violation Description:*

(a) Except as specified in subdivision (c), the business name or name of the operator, city, state, ZIP Code, and name of the permittee, if different from the name of the food facility, shall be legible, clearly visible to consumers, and permanently affixed on the consumer side of the mobile food facility and on a mobile support unit. (114299) (b) The business name shall be in letters at least 3 inches high. Letters and numbers for the city, state, and ZIP Code shall not be less than one inch high. The color of each letter and number shall contrast with its background. (c) Notwithstanding subdivision (a), motorized mobile food facilities and mobile support units shall have the required identification on two sides.

*Corrective Description:*

*Inspector Comments:*

Please provide business name and contact info on outside of trailer.

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**Overall Inspection Comments**

Please provide valid vehicle registration as soon as possible.

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Received By:

Date

Jenna Longchamps

Date