

# County of Santa Clara

## Department of Environmental Health

### Consumer Protection Division

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 www.ehinfo.org



## OFFICIAL INSPECTION REPORT

|                                                                                 |  |                                                                  |                                              |                                      |                                         |                                                                                                                                                                                                  |  |                   |
|---------------------------------------------------------------------------------|--|------------------------------------------------------------------|----------------------------------------------|--------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|
| <b>Facility</b><br>FA0281444 - HOLY SMOKES                                      |  | <b>Site Address</b><br>2655 ROBERT FOWLER WY, SAN JOSE, CA 95148 |                                              | <b>Inspection Date</b><br>09/22/2026 |                                         | <b>Placard Color &amp; Score</b><br><div style="font-size: 2em; font-weight: bold; text-align: center;">GREEN</div> <div style="font-size: 3em; font-weight: bold; text-align: center;">93</div> |  |                   |
| <b>Program</b><br>PR0422578 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 2 - FP10 |  |                                                                  | <b>Owner Name</b><br>CECILIA SERRANO & OSCAR |                                      | <b>Inspection Time</b><br>14:30 - 15:15 |                                                                                                                                                                                                  |  |                   |
| <b>Inspected By</b><br>HINA WYNE                                                |  | <b>Inspection Type</b><br>ROUTINE INSPECTION                     |                                              | <b>Consent By</b><br>OSCAR VIZCAINO  |                                         |                                                                                                                                                                                                  |  | <b>FSC Exempt</b> |

  

| RISK FACTORS AND INTERVENTIONS |                                                                             | IN | OUT   |       | COS/SA | N/O | N/A | PBI |
|--------------------------------|-----------------------------------------------------------------------------|----|-------|-------|--------|-----|-----|-----|
|                                |                                                                             |    | Major | Minor |        |     |     |     |
| K01                            | Demonstration of knowledge; food safety certification                       | X  |       |       |        |     |     |     |
| K02                            | Communicable disease; reporting/restriction/exclusion                       | X  |       |       |        |     |     |     |
| K03                            | No discharge from eyes, nose, mouth                                         | X  |       |       |        |     |     |     |
| K04                            | Proper eating, tasting, drinking, tobacco use                               | X  |       |       |        |     |     |     |
| K05                            | Hands clean, properly washed; gloves used properly                          | X  |       |       |        |     |     |     |
| K06                            | Adequate handwash facilities supplied, accessible                           | X  |       |       |        |     |     |     |
| K07                            | Proper hot and cold holding temperatures                                    |    |       |       |        |     | X   |     |
| K08                            | Time as a public health control; procedures & records                       |    |       |       |        |     | X   |     |
| K09                            | Proper cooling methods                                                      |    |       |       |        |     | X   |     |
| K10                            | Proper cooking time & temperatures                                          |    |       |       |        |     | X   |     |
| K11                            | Proper reheating procedures for hot holding                                 |    |       |       |        |     | X   |     |
| K12                            | Returned and reservice of food                                              |    |       |       |        |     | X   |     |
| K13                            | Food in good condition, safe, unadulterated                                 | X  |       |       |        |     |     |     |
| K14                            | Food contact surfaces clean, sanitized                                      | X  |       |       |        |     |     |     |
| K15                            | Food obtained from approved source                                          | X  |       |       |        |     |     |     |
| K16                            | Compliance with shell stock tags, condition, display                        |    |       |       |        |     | X   |     |
| K17                            | Compliance with Gulf Oyster Regulations                                     |    |       |       |        |     | X   |     |
| K18                            | Compliance with variance/ROP/HACCP Plan                                     |    |       |       |        |     | X   |     |
| K19                            | Consumer advisory for raw or undercooked foods                              |    |       |       |        |     | X   |     |
| K20                            | Licensed health care facilities/schools: prohibited foods not being offered |    |       |       |        |     | X   |     |
| K21                            | Hot and cold water available                                                |    |       | X     |        |     |     |     |
| K22                            | Sewage and wastewater properly disposed                                     | X  |       |       |        |     |     |     |
| K23                            | No rodents, insects, birds, or animals                                      | X  |       |       |        |     |     |     |

  

| GOOD RETAIL PRACTICES |                                                                                     | OUT | COS |
|-----------------------|-------------------------------------------------------------------------------------|-----|-----|
| K24                   | Person in charge present and performing duties                                      |     |     |
| K25                   | Proper personal cleanliness and hair restraints                                     |     |     |
| K26                   | Approved thawing methods used; frozen food                                          |     |     |
| K27                   | Food separated and protected                                                        |     |     |
| K28                   | Fruits and vegetables washed                                                        |     |     |
| K29                   | Toxic substances properly identified, stored, used                                  |     |     |
| K30                   | Food storage: food storage containers identified                                    |     |     |
| K31                   | Consumer self service does prevent contamination                                    |     |     |
| K32                   | Food properly labeled and honestly presented                                        |     |     |
| K33                   | Nonfood contact surfaces clean                                                      |     |     |
| K34                   | Warewash facilities: installed/maintained; test strips                              |     |     |
| K35                   | Equipment, utensils: Approved, in good repair, adequate capacity                    |     |     |
| K36                   | Equipment, utensils, linens: Proper storage and use                                 |     |     |
| K37                   | Vending machines                                                                    |     |     |
| K38                   | Adequate ventilation/lighting; designated areas, use                                |     |     |
| K39                   | Thermometers provided, accurate                                                     |     |     |
| K40                   | Wiping cloths: properly used, stored                                                |     |     |
| K41                   | Plumbing approved, installed, in good repair; proper backflow devices               |     |     |
| K42                   | Garbage & refuse properly disposed; facilities maintained                           |     |     |
| K43                   | Toilet facilities: properly constructed, supplied, cleaned                          |     |     |
| K44                   | Premises clean, in good repair; Personal/chemical storage; Adequate vermin-proofing |     | X   |
| K45                   | Floor, walls, ceilings: built, maintained, clean                                    |     | X   |
| K46                   | No unapproved private home/living/sleeping quarters                                 |     |     |
| K47                   | Signs posted; last inspection report available                                      |     |     |

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|                                                                          |                                                           |                                  |
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| Program<br>PR0422578 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 2 - FP10 | Owner Name<br>CECILIA SERRANO & OSCAR VIZCAINO            | Inspection Time<br>14:30 - 15:15 |
| K48                                                                      | Plan review                                               |                                  |
| K49                                                                      | Permits available                                         |                                  |
| K58                                                                      | Placard properly displayed/posted                         |                                  |

## Comments and Observations

### Major Violations

No major violations were observed during this inspection.

### Minor Violations

K21 - 3 Points - Hot and cold water not available; 113953(c), 114099.2(b), 114163(a), 114189, 114192, 114192.1, 11419

**Inspector Observations: Water at the handwashing sink inside the restroom was measured 84F.**

**[CA] Handwashing facilities equipped with a mixing valve that is not readily adjustable at the faucet, shall provide warm water at least 100°F, but not greater than 108°F.**

K44 - 2 Points - Premises not clean, not in good repair; No personal/chemical storage; inadequate vermin-proofing; 114067(j), 114123, 114143 (a,b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282

**Inspector Observations: Lack self closure for the restroom door.**

**[CA] Install self-closing device to ensure entrance door self-closed properly.**

K45 - 2 Points - Floor, walls, ceilings: not built, not maintained, not clean; 114143(d), 114266, 114268, 114268.1, 114271, 114272

**Inspector Observations: Restroom ceiling has a uneven patch.**

**[CA] Repair the ceiling with a durable, smooth, nonabsorbent, and easily cleanable surface.**

### Performance-Based Inspection Questions

N/A

### Measured Observations

| Item      | Location             | Measurement       | Comments |
|-----------|----------------------|-------------------|----------|
| HOT WATER | 3-COMP SINK          | 120.00 Fahrenheit |          |
| HOT WATER | JANITORIAL SINK      | 120.00 Fahrenheit |          |
| AMBIENT   | DRAWER REFRIGERATION | 27.00 Fahrenheit  |          |
| AMBIENT   | REFRIGERATION 2 DOOR | 40.00 Fahrenheit  |          |
| HOT WATER | FOOD PREP SINK       | 120.00 Fahrenheit |          |
| HOT WATER | HANDWASHING RESTROOM | 84.00 Fahrenheit  |          |
| HOT WATER | STEAM TABLE          | 155.00 Fahrenheit |          |
| HOT WATER | HAND WASHING         | 100.00 Fahrenheit |          |

### Overall Comments:

#### OWNERSHIP CHANGE INFORMATION

**NEW FACILITY NAME: HOLY SMOKES**

**NEW OWNER: CECILIA SERRANO / OSCAR VIZCAINO**

**The applicant has completed the facility evaluation application process for an Environmental Health Permit.**

**The permit category for this facility is FP 10. An invoice for the permit fee in the amount of \$1,418.00 will be mailed to the billing address on the application. Payment must be submitted within 10 days of receipt of the invoice. The owner is responsible for contacting our department if an invoice is not received and remit payment within 30 days.**

**The Environmental Health Permit will be effective: 10/01/2026 - 09/30/2027 This report serves as a temporary permit. However, the permit will be deemed invalid if the permit fee is not paid in full within 30 days from the date of this report. Okay to Operate.**

**An official permit will be mailed to the address on file and shall be posted in public view upon receipt.**

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***\*Structural Review inspection conducted on 09/22/2027***

***\*Permit condition: N/A facility is not using induction oven to cook.***

***\*Obtain food safety manager certificate within 60 days. All other food employees must have valid food handler cards within 30 days from hire date.***

When required to determine compliance, a single reinspection will be conducted without additional charge. If subsequent reinspections are required, an hourly fee (minimum one hour) at the current rate approved by the Board of Supervisors will be assessed for each and every reinspection until the necessary changes or corrections are made. Unless otherwise noted by the inspector, all violations are to be corrected no later than **10/6/2026**. Any major change in menu or any change in ownership must have prior approval by this Department. This may require structural and/or equipment changes or remodeling to accommodate new operations.

## **Legend:**

|        |                                 |
|--------|---------------------------------|
| [CA]   | Corrective Action               |
| [COS]  | Corrected on Site               |
| [N]    | Needs Improvement               |
| [NA]   | Not Applicable                  |
| [NO]   | Not Observed                    |
| [PBI]  | Performance-based Inspection    |
| [PHF]  | Potentially Hazardous Food      |
| [PIC]  | Person in Charge                |
| [PPM]  | Part per Million                |
| [S]    | Satisfactory                    |
| [SA]   | Suitable Alternative            |
| [TPHC] | Time as a Public Health Control |



**Received By:** OSCAR VIZCAINO  
OWNER

**Signed On:** September 22, 2026