

# 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>FA0207133 - MENDEZ LIQUOR                    |  | <b>Site Address</b><br>1815 ALUM ROCK AV A, SAN JOSE, CA 95116 |                                            | <b>Inspection Date</b><br>07/28/2026 |                                         | <b>Placard Color &amp; Score</b><br><div style="background-color: black; color: white; padding: 10px; text-align: center;"> <b>GREEN</b><br/> <b>86</b> </div> |  |                   |
| <b>Program</b><br>PR0303396 - LIMITED FOOD SERVICE CAT 2 - FP76 |  |                                                                | <b>Owner Name</b><br>MENDOZA MENDEZ, MAYRA |                                      | <b>Inspection Time</b><br>12:30 - 13:40 |                                                                                                                                                                |  |                   |
| <b>Inspected By</b><br>ALEXANDER ALFARO                         |  | <b>Inspection Type</b><br>ROUTINE INSPECTION                   |                                            | <b>Consent By</b><br>CHELSEA         |                                         |                                                                                                                                                                |  | <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  |       |       |        |     |     | S   |
| 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  |       |       |        |     |     | S   |
| K06                            | Adequate handwash facilities supplied, accessible                           |    | X     |       | X      |     |     | N   |
| 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                                    | X   |     |
| 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                                    |     |     |
| K46                   | No unapproved private home/living/sleeping quarters                                 |     |     |
| K47                   | Signs posted; last inspection report available                                      |     |     |

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| Program<br>PR0303396 - LIMITED FOOD SERVICE CAT 2 - FP76 | Owner Name<br>MENDOZA MENDEZ, MAYRA V                   | Inspection Time<br>12:30 - 13:40 |
| K48                                                      | Plan review                                             |                                  |
| K49                                                      | Permits available                                       | X                                |
| K58                                                      | Placard properly displayed/posted                       |                                  |

## Comments and Observations

### Major Violations

K06 - 8 Points - Inadequate handwash facilities: supplied or accessible; 113953, 113953.1, 113953.2, 114067(f)

#### Inspector Observations:

*The paper towel dispenser was empty.*

*[CA] Single-use sanitary towels shall be provided in dispensers; heated-air hand drying device may be substituted for single-use towels.*

*[COS] PIC provided a roll of paper towels.*

### Minor Violations

K30 - 2 Points - Food storage containers are not identified; 114047, 114049, 114051, 114053, 114055, 114067(h), 114069 (b)

#### Inspector Observations:

*Facility is storing a two door upright cooler and chest freezer outside the facility.*

*[CA] Food or food related equipment shall be stored in an approved fully enclosed food facility. Move items inside, or remove from the premises.*

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:

*A three burner propane fueled range and propane fueled deep fryer were found on the premises of the facility.*

*[CA] Remove unneeded equipment from the facility.*

K49 - 2 Points - Permits not available; 114067(b,c), 114381(a), 114387

#### Inspector Observations: --48 HOUR NOTICE--

*Our records indicate this facility is operating without a valid permit and has a delinquent account. Your balance due is \$528.75 Payment must be made immediately to DEH at the address at the top of this report or via our website at [www.Ehinfo.org](http://www.Ehinfo.org).*

Follow-up By  
07/30/2026

*A facility that submits payment of the outstanding balance within 48 hours (2 business days) of this notice will be issued and mailed an operating permit by this department. Failure to comply within 48 hours will result in facility closure and additional enforcement, including but not limited to reinspection(s) and additional cost recovery fees.*

*A facility found to be in continued operation without a permit may incur a penalty of three (3) times the operating permit fee, and fee(s) for re-inspection(s) charged at the current hourly rate approved by the Santa Clara County Board of Supervisors. Penalties and fees incurred due to enforcement activities must be paid in full prior to the issuance of an operating permit.*

*Per Operator, they submitted payment via check last Friday.*

### Performance-Based Inspection Questions

Needs Improvement - Adequate handwash facilities: supplied or accessible.

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## Measured Observations

| Item       | Location                 | Measurement       | Comments                           |
|------------|--------------------------|-------------------|------------------------------------|
| Beverages  | Upright Cooler           | 40.00 Fahrenheit  |                                    |
| Milk       | Upright Cooler           | 40.00 Fahrenheit  |                                    |
| Ice creams | Ice Cream Freezer        | 10.00 Fahrenheit  | IR                                 |
| Water      | Mop Sink                 | 120.00 Fahrenheit | Outside - on side of the building. |
| Beverages  | Reach in Cooler          | 40.00 Fahrenheit  |                                    |
| Water      | Handwash Sink - Restroom | 100.00 Fahrenheit |                                    |

## Overall Comments:

### Notes:

**- A MFF "Enchiladas Michoacanas - License PLate Number: 02632X3" was found setting up outside of the facility. A three burner range and deep fryer were found on the premises of the facility. An upright cooler holding PHFs was also observed. Plates, cups, and other food related items were also stored outside. Inspector to follow up with MFF Senior as operator stated the mobile needs the license plate number to be updated on file. Per operator, the mobile is permitted under "Mendez Taqueria 15765M1".**

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 **8/11/2026**. 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: Chelsea  
Cashier  
Signed On: July 28, 2026