

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 | : COTTONWOOD CHEVRON | Owner | : PAUL RANDHAWA |
| Site Address | : 19845 MAIN St | Owner Address | : 723 WOODACRE DR |
| Facility ID | : FA0000967 | Inspector | : EE0000015 - Jenna Longchamps |
| Record ID | : PR0001052 | Inspector Phone | : Not Specified |
| License/Permit Number | : 7025-16F-1 | Program: | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge | : | | : |
| Inspection Date | : 6/11/2019 | Total Inspection Time | : 45 min. |
| Inspection Number | : DA0006890 | 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

EQUIPMENT, UTENCILS AND LINENS SHALL BE PROTECTED FROM CONTAMINATION AT ALL TIMES - 16 36

"Comply by Date" Not Specified

Not In Compliance

Violation Description:

All clean and soiled linen shall be properly stored; non-food items shall be stored and displayed separate from food and food-contact surfaces. (114185.3 # 114185.4) Utensils and equipment shall be handled and stored so as to be protected from contamination. (114074, 114081, 114119, 114121, 114161, 114178, 114179, 114083, 114185, 114185.2, 114185.5)

Corrective Description:

Inspector Comments:

Please keep ice scoop in a separate bucket or other container to protect from contamination.

WAREWASHING FACILITIES SHALL BE WORKING CORRECTLY AND HAVE TESTING MATERIALS TO VERIFY CHEMICAL CONC - 16 34

"Comply by Date" Not Specified

Not In Compliance

Violation Description:

Food facilities that prepare food shall be equipped with warewashing facilities. Testing equipment and materials shall be provided to measure the applicable sanitization method. (114067(f,g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125)

Corrective Description:

Inspector Comments:

Chlorine bleach test strips available, but using quat sanitizer; Please provide correct test strips.

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:

Hand sink not accessible at time of inspection, items stacked on top of and in front of it; Please keep hand washing facilities accessible at all times.

Overall Inspection Comments

Received By: _____

Date _____

Jenna Longchamps

Date _____