

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 | : RED BLUFF SENIOR LIVING | Owner | : TITAN SENQUEST |
| Site Address | : 750 DAVID AVE | Owner Address | : 1230 ROSECRANS AVE 405 |
| Facility ID | : FA0000650 | Inspector | : EE0000005 - Tia Branton |
| Record ID | : PR0000295 | Inspector Phone | : (530) 527-8020 |
| License/Permit Number | : 2306-16F-1 | Program: | : 1624 - Restaurant 2000 Sq. Feet-6000 Sq. Feet |
| Person in Charge | : | Total Inspection Time | : 45 min. |
| Inspection Date | : 9/18/2018 | Result | : 01 - Meets Standards |
| Inspection Number | : DA0006231 | | |
| 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

EMPLOYEES SHALL WEAR GLOVES AND KEEP HAIR CONTAINED - 16 25

"Comply by Date" Not
Specified

Not In Compliance

Violation Description:

All employees preparing, serving or handling food or utensils shall wear clean, washable outer garments or uniforms and shall wear a hairnet, cap, or other suitable covering to confine hair. (113969, 113971)

Corrective Description:

Inspector Comments:

Employees shall have hair restraints of some type.

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:

All dishes shall be washed manually (wash/rinse/sanitize) until dishwasher working correctly.

Overall Inspection Comments

Tia Branton

Received By: _____

Date _____

Tia Branton _____

Date _____