# **OFFICIAL FOOD INSPECTION REPORT**



| Facility Name                         | : ALCATRAZ RESTAURANT AND TAQUERIA  | Owner                              | : ADELAIDA SOTELO                 | AND JUAN GABRIEL SANT |
|---------------------------------------|---|------------------------------------|-----------------------------------|-----------------------|
| Site Address                          | : 343 S MAIN ST   | Owner Address                      | : 5180 LUNING AVE                 |                       |
| Facility ID                           | : FA0000106   | Inspector                          | : EE0000021 - Amand               | a Young               |
| Record ID                             | : PR0002587   | Inspector Phone                    | : Not Specified                   |                       |
| License/Permit Number                 | : PT0002797   | Program:                           | : 1624 - Restaurant 2             | 2000 Sq.              |
| Person in Charge                      | :   |                                    | : Feet-6000 Sq. Feet              |                       |
| Inspection Date                       | : 9/6/2022  | Total Inspection Time              | : 60 min.                         |                       |
| Inspection Number                     | : DA0010134   | Result                             | : 03 - Minor Violations           |                       |
| Purpose of Inspection                 | : 102 - Routine Inspection  | resuit                             |                                   |                       |
| An inspe                              | ection of your property revealed the following violations  ons  | s. Please note the date for rein   | spection. Thank you for your c    | cooperation.          |
| ALL NONFOOD CON                       | TACT SURFACES SHALL BE KEPT CLEAN - 16 33   |                                    | "Comply by Date" Not<br>Specified | Not In Compliance     |
| Violation Descriptio                  | n:  |                                    |                                   |                       |
| All nonfood cont                      | act surfaces of utensils and equipment shall be clean.  | (114115 (c))                       |                                   |                       |
| Corrective Descript                   | ion:  |                                    |                                   |                       |
| Inspector Comment<br>Everything could | ts:<br>I use a good thorough scrubbing and deep clean.  |                                    |                                   |                       |
| POTENTIALLY HAZA                      | ARDOUS FOODS HOLD TEMPERATURES - 16 7   |                                    | "Comply by Date" Not<br>Specified | Not In Compliance     |
| Violation Descriptio                  | n:  |                                    |                                   |                       |
| Potentially hazar                     | rdous foods shall be held at or below 41/ 45øF or at or   | r above 135øF. (113996, 11399      | 98, 114037, 114343(a))            |                       |
| Corrective Descript                   | ion:  |                                    |                                   |                       |
| Inspector Commen                      | ts:   |                                    |                                   |                       |
| <del>-</del> :                        | n, prep line refrigerator was at 61 degrees F. Until unit<br>low. Please begin to use a food temperature log to kee |                                    | add ice to maintain a tempera     | ture of 41            |
| *Food temperatu                       | ure log is attached.  |                                    |                                   |                       |
| Overall Inspection Co                 | omments   |                                    |                                   |                       |
|                                       | uch better. Thank you for making improvements and v   | working on clearing past violation | ons. Thank you!                   |                       |
|                                       |   |                                    |                                   |                       |
| Received By:                          | Date  | Amanda Young                       |                                   | Date                  |

#### 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 : EE0000021 - Amanda Young

Record ID : PR0000090 Inspector Phone : Not Specified

License/Permit Number : 2005-16F-1 Program: : 1628 - Food Vehicle Prepared Food

Person in Charge :

Inspection Date : 9/26/2022 Total Inspection Time : 45 min.

Inspection Number : DA0010232
Purpose of Inspection : 102 - Routine Inspection

Result : 03 - Minor Violations

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

Inspection Violations

ALL FOOD SHALL BE SEPERATED AND PROTECTED FROM CONTAMINATION - 16 27

"Comply by Date" Not Specified Not In Compliance

Spe

Violation Description:

All food shall be separated and protected from contamination. (113984 (a, b, c, d, f), 113986, 114060, 114067(a, d, e, j), 114069(a, b), 114077, 114089.1 (c), 114143 (c))

Corrective Description:

Inspector Comments:

Please make sure all food containers in fridges and assembly line have lids and are covered.

FOOD FACILITY SHALL BE KEPT FREE OF VERMIN - 16 23

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

Each food facility shall be kept free of vermin: rodents (rats, mice), cockroaches, flies.( 114259.1, 114259.4, 114259.5)

Corrective Description:

Inspector Comments:

Window fly screens were off at time of inspection, fly screens must be in place at all times when in operation. Please fix door to make sure all openings are properly covered. This has been cited as a previous violation. Please correct before next inspection. If re-inspection is needed again, re-inspection fees may begin to occur.

ALL NONFOOD CONTACT SURFACES SHALL BE KEPT CLEAN - 16 33

"Comply by Date" Not Specified Not In Compliance

Violation Description:

All nonfood contact surfaces of utensils and equipment shall be clean. (114115 (c))

Corrective Description:

Inspector Comments:

Everything could use a clean thorough scrubbing.

Hand-washing station was very dirty and sticky to touch.

Overall Inspection Comments

Please correct violations before next inspection, especially the screens. Please see above with further comments. If re-inspection is needed again, re-inspection fees may begin to occur. Thank you.

Received By: Date Amanda Young Date

#### OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

Facility Name : ARCO AM/PM Owner : JOHN JOHAL
Site Address : 1080 S MAIN St Owner Address : 1308 KANSAS AVE

Facility ID : FA0000986 Inspector : EE0000021 - Amanda Young

Record ID : PR0001231 Inspector Phone : Not Specified

License/Permit Number : 7070-16F-1 Program: : 1617 - Retail Market <6000 Sq Feet

: 1 Prep Area

Inspection Date : 9/21/2022 Total Inspection Time : 45 min.

Inspection Number : DA0010202

Result : 03 - Minor Violations

Purpose of Inspection : 102 - Routine Inspection Result : 03 - Minor Violations

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

#### Inspection Violations

Person in Charge

#### ALL NONFOOD CONTACT SURFACES SHALL BE KEPT CLEAN - 16 33

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

All nonfood contact surfaces of utensils and equipment shall be clean. (114115 (c))

Corrective Description:

Inspector Comments:

During inspection, there was noted to be melted ice cream on the bottom of the floor and shelf in freezer. Please deep clean bottom of shelves.

Begin to increase frequency of cleaning counter spaces throughout the facility. Thank you.

#### ALL FOOD SHALL BE LABELED CORRECTLY - 16 32

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

Any food is misbranded if its labeling is false or misleading, if it is offered for sale under the name of another food, or if it is an imitation of another food for which a definition and standard of identity has been established by regulation. (114087, 114089, 114089.1(a, b), 114090, 114093.1)

Corrective Description:

Inspector Comments:

Begin to put expiration dates on ready to eat hot foods.

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

"Comply by Date" Not

Not In Compliance

Specified

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:

Ware washing shall solely be done in 3 compartment sink. Do not use smaller sink for ware washing purposes. This has been cited as a previous violation.

#### Overall Inspection Comments

Everything is looking much better. Thank you.

Please fix sink and other bathroom as soon as possible.

# OFFICIAL FOOD INSPECTION REPORT



| Facility Name<br>Site Address | : ARCO AM/PM<br>: 1080 S MAIN St |      | Owner<br>Owner Address | : JOHN JOHAL<br>: 1308 KANSAS AVE |      |
|-------------------------------|----------------------------------|------|------------------------|-----------------------------------|------|
|                               |                                  |      | adi                    | HJ.                               |      |
| Received By:                  |                                  | Date | Amanda Young           |                                   | Date |

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: TIM & SERENE NEHLS

Tim Potanovic, REHS - Director

: BOWMAN MEAT COMPANY

Facility Name

Received By:

| Site Address   | : 19605 BOWMAN RD          | Owner Address         | : 19605 BOWMAN RD                  |
|--|----------------------------|-----------------------|------------------------------------|
| Facility ID  | : FA0001496                | Inspector             | : EE0000021 - Amanda Young         |
| Record ID  | : PR0002641                | Inspector Phone       | : Not Specified                    |
| License/Permit Number  | : PT0002857                | Program:              | : 1613 - Retail Market Prepackaged |
| Person in Charge   | :                          |                       | : Foods Only                       |
| Inspection Date  | 9/6/2022                   | Total Inspection Time | : 45 min.                          |
| Inspection Number  | : DA0010131                | D!!                   | · 01 - Meets Standards             |
| Purpose of Inspection  | : 102 - Routine Inspection | Result                | : 01 - Meets Standards             |
| Inspection Violati  No violations cited.  Overall Inspection C |                            |                       |                                    |
| Everything looks good  |                            |                       |                                    |

Date

# OFFICIAL FOOD INSPECTION REPORT

Owner



: BRIANNA & MATHEW SCOTT

Tim Potanovic, REHS - Director

: BREEZYS WINGS & WHEELS

Facility Name

Received By:

| Site Address  | : 1760 AIRPORT BLVD               | Owner Address         | : 18820 NEWMAN RD                  |
|---|-----------------------------------|-----------------------|------------------------------------|
| Facility ID   | : FA0000499                       | Inspector             | : EE0000005 - Tia Branton          |
| Record ID   | : PR0000105                       | Inspector Phone       | : (530) 527-8020                   |
| License/Permit Number   | : 2026-16F-1                      | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge  | :                                 |                       | :                                  |
| Inspection Date   | : 9/7/2022                        | Total Inspection Time | : 45 min.                          |
| Inspection Number   | : DA0010138                       | Desuit                | · 01 - Meets Standards             |
| Purpose of Inspection   | : 102 - Routine Inspection        | Result                | · 01 - Meets Standards             |
| Inspection Violati  No violations cited.  Overall Inspection Co |                                   |                       |                                    |
|   | Thank you. Keep up the good work. |                       |                                    |
| ,   | , , ,                             | <i>∠</i> ). r         | 3 aanton                           |

Date

Tia Branton

# **OFFICIAL FOOD INSPECTION REPORT**

Owner

: J N BLAIR



Tim Potanovic, REHS - Director

: BUD'S JOLLY KONE

Facility Name

Received By:

| Site Address                                | : 455 ANTELOPE BLVD        | Owner Address         | : P O BOX 1294                     |
|---|----------------------------|-----------------------|------------------------------------|
| Facility ID                                 | : FA0000501                | Inspector             | : EE0000021 - Amanda Young         |
| Record ID                                   | : PR0000107                | Inspector Phone       | : Not Specified                    |
| License/Permit Number                       | : 2031-16F-1               | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge                            | :                          |                       | :                                  |
| Inspection Date                             | : 9/22/2022                | Total Inspection Time | : 45 min.                          |
| Inspection Number                           | : DA0010209                | 5 "                   | · 01 - Meets Standards             |
| Purpose of Inspection                       | : 102 - Routine Inspection | Result                | : 01 - Meets Standards             |
| No violations cited.  Overall Inspection Co |                            |                       |                                    |
| Everything looks good.                      |                            |                       |                                    |
| , ,   | ·                          | adi                   | J.L                                |

Date

# **OFFICIAL FOOD INSPECTION REPORT**



| Facility Name  | : BUNS ON THE RUN  | Owner   | : JASON SERVERA  |                   |
|--|--|---|--|-------------------|
| Site Address   | : 2650 MAIN ST   | Owner Address   | : 22807 ANTELOPE BLY   | VD                |
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number Purpose of Inspection | : FA0000668<br>: PR0000319<br>: 2340-16F-1<br>:: 9/8/2022<br>: DA0010163<br>: 102 - Routine Inspection | Inspector Inspector Phone Program:  Total Inspection Time Result                                | : EE0000021 - Amanda : Not Specified : 1628 - Food Vehicle F : 45 min. : 03 - Minor Violations | Young             |
| An inspe   | ction of your property revealed the followin   | g violations. Please note the date for reinsp   | pection. Thank you for your co   | operation.        |
| Inspection Violation   | ons  |   |  |                   |
| FOOD TRAINING - 16   | 1  |   | "Comply by Date" Not<br>Specified  | Not In Compliance |
| Violation Description  | n:   |   |  |                   |
| facilities that pre  |  | be trained in food safety as it relates to their<br>tentially hazardous food, shall have an emp | , ,  |                   |
| Corrective Descript  | ion:   |   |  |                   |
|  | e a Manager's Food Safety Certificate is lo  | ocated on the premises at all times. Thank yo   | ou.  |                   |
| Overall Inspection Co<br>Please obtain a Manage  | mments er's Food Safety Certificate within 60 days   | of 9/8/22.  |  |                   |
| Everything else looked   | ,  | al  | J.L  |                   |
| Received By:   | Dat  | Amanda Young  |  | Date              |

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: ANAIZA NOVOA

Tim Potanovic, REHS - Director

Facility Name

Received By:

: BURGER SHACK

| Site Address                                  | : 7834 HIGHWAY 99 E  | Owner Address         | : 7834 HWY 99E                     |
|---|--|-----------------------|------------------------------------|
| Facility ID                                   | : FA0000505  | Inspector             | : EE0000021 - Amanda Young         |
| Record ID                                     | : PR0000111  | Inspector Phone       | : Not Specified                    |
| License/Permit Number                         | : 2035-16F-1   | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge                              | :  |                       | :                                  |
| Inspection Date                               | : 9/29/2022  | Total Inspection Time | : 60 min.                          |
| Inspection Number                             | : DA0010239  | D It                  | · 01 - Meets Standards             |
| Purpose of Inspection                         | : 102 - Routine Inspection   | Result                | : 01 - Meets Standards             |
| <ul> <li>Inspection Violation</li> </ul>      | one —  |                       |                                    |
| No violations cited.                          | nis  |                       |                                    |
|   |  |                       |                                    |
| Overall Inspection Co Everything was very cle | mments<br>an and looked great. Staff were very helpful as well. Keep | it up! Thank you!     |                                    |
|   |  |                       |                                    |
|   |  | ( dala                | Shot?                              |
|   |  |                       |                                    |

Date

# OFFICIAL FOOD INSPECTION REPORT



| Facility Name  | : COTTONWOOD CHEVRON   | Owner   | : PAUL RANDHAWA  |                          |
|--|--|---|--|--------------------------|
| Site Address   | : 19845 MAIN St  | Owner Address   | : 723 WOODACRE DR  |                          |
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number Purpose of Inspection | : 19845 MAIN St  : FA0000967 : PR0001052 : 7025-16F-1 :: 9/6/2022 : DA0010132 : 102 - Routine Inspection | Inspector Inspector Phone Program: Total Inspection Time Result | : EE0000021 - Amanda : Not Specified : 1623 - Restaurant < : : 45 min. : 03 - Minor Violations | a Young<br>2000 Sq. Feet |
| <ul> <li>Inspection Violation</li> </ul>   | ns —   |   |  |                          |
| FOOD TRAINING - 16   |  |   | "Comply by Date" Not<br>Specified  | Not In Compliance        |
| Violation Description  | :  |   |  |                          |
| facilities that prep<br>food safety certific<br>Corrective Description<br>Inspector Comments<br>During inspection    |  | tially hazardous food, shall have an em                         | ployee who has passed an app   | proved                   |
| ALL NONFOOD CONT   | ACT SURFACES SHALL BE KEPT CLEAN   | - 16 33   | "Comply by Date" Not<br>Specified  | Not In Compliance        |
| Violation Description  | :  |   |  |                          |
| All nonfood conta  | ct surfaces of utensils and equipment shall b  | e clean. (114115 (c))   |  |                          |
| Corrective Description   | on:  |   |  |                          |
| Inspector Comments   | x:   |   |  |                          |
| During inspection  | , it was noted that there was a lot of trash bu<br>e bottom shelf had old milk spillage. Please b        | •   | •  | g milk, it               |
| Overall Inspection Co  | mments   |   |  |                          |
| -  | to work on past violations.  |   |  |                          |
| New employee working to  | the deli was very helpful.   |   |  |                          |
| Received By:   | Date   | Amanda Young  |  | Date                     |

# **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name  | : COWLICIOUS BAKERY AND FARM  | Owner  | : CAROL SPEARS  |  |  |
|--|---|--|---|--|--|
| Site Address   | : 18892 JEWEL RD  | Owner Address  | : 18892 JEWEL RD  |  |  |
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number | : FA0001465<br>: PR0002589<br>: PT0002799<br>:<br>: 9/8/2022<br>: DA0010161 | Inspector Inspector Phone Program:  Total Inspection Time Result | <ul> <li>EE0000021 - Amanda Young</li> <li>Not Specified</li> <li>1655 - Cottage Food Class B</li> <li>Indirect Sale/Inspection</li> <li>60 min.</li> <li>01 - Meets Standards</li> </ul> |  |  |
| Purpose of Inspection  | : 102 - Routine Inspection  | Nesuil   | . 01 - Mode Otalidards  |  |  |
| Inspection Violations No violations cited.   |   |  |   |  |  |
| —Overall Inspection Control Everything was very classes  | ean and well organized. Thank you!  |  |   |  |  |

Date

# **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name          | : CYGNUS HOME SERVICE, LLC DBA SCHWAN'S | F Owner               | : CYGNUS HOME SERVICE, LLC        |
|------------------------|---|-----------------------|-----------------------------------|
| Site Address           | : 16 BELLARMINE COURT                   | Owner Address         | : P.O. BOX 127                    |
| Facility ID            | : FA0001119                             | Inspector             | : EE0000021 - Amanda Young        |
| Record ID              | : PR0001900                             | Inspector Phone       | : Not Specified                   |
| License/Permit Number  | : PT0002424                             | Program:              | : 1629 - Food Vehicle Prepackaged |
| Person in Charge       | :                                       |                       | : Food Only                       |
| Inspection Date        | 9/14/2022                               | Total Inspection Time | : 45 min.                         |
| Inspection Number      | : DA0010182                             | <b>5</b> "            | · 01 - Meets Standards            |
| Purpose of Inspection  | : 102 - Routine Inspection              | Result                | : 01 - Meets Standards            |
|                        |   |                       |                                   |
| Overall Inspection Co  |   |                       |                                   |
| Truck 518816 (previous | siy 518640).                            |                       |                                   |
| All temperatures good. | Thank you.                              |                       |                                   |
|                        |   | ale                   | J.L                               |
| Received By:           |   | Amanda Young          | Date                              |

# **OFFICIAL FOOD INSPECTION REPORT**



: CYGNUS HOME SERVICE, LLC

Tim Potanovic, REHS - Director

Facility Name

Received By:

| Site Address            | : 19813 HIRSCH CT                        | Owner Address         | : 115 COLLEGE DR                  |   |
|-------------------------|--|-----------------------|-----------------------------------|---|
| Facility ID             | : FA0000636                              | Inspector             | EE0000021 - Amanda Young          |   |
| Record ID               | : PR0002363                              | Inspector Phone       | : Not Specified                   |   |
| License/Permit Number   | : PT0003026                              | Program:              | : 1629 - Food Vehicle Prepackaged |   |
| Person in Charge        | :  |                       | : Food Only                       |   |
| Inspection Date         | : 9/28/2022                              | Total Inspection Time | ; 45 min.                         |   |
| Inspection Number       | : DA0010234                              | Desuit                | · 01 - Meets Standards            |   |
| Purpose of Inspection   | : 102 - Routine Inspection               | Result                | : 01 - Meets Standards            |   |
| Inspection Violation    | ons ———————————————————————————————————— |                       |                                   | _ |
| No violations cited.    |  |                       |                                   |   |
| THE VISIGNETIC CITES.   |  |                       |                                   |   |
|                         |  |                       |                                   |   |
| Overall Inspection Co   | omments                                  |                       |                                   | - |
| Truck looks great. Than | nk you for your time.                    |                       |                                   |   |
|                         |  |                       |                                   |   |
| Truck #518615           |  |                       |                                   |   |
|                         |  | $\sim$ $\sim$         |                                   |   |

Amanda Young

: CYGNUS HOME SERVICE LLC DBA SCHWAN'S H Owner

Date

# **OFFICIAL FOOD INSPECTION REPORT**



: CYGNUS HOME SERVICE, LLC

Tim Potanovic, REHS - Director

Facility Name

Received By:

| Site Address                              | : 19813 HIRSCH CT          | Owner Address         | : 115 COLLEGE DR                  |
|---|----------------------------|-----------------------|-----------------------------------|
| Facility ID                               | : FA0000636                | Inspector             | : EE0000021 - Amanda Young        |
| Record ID                                 | : PR0002793                | Inspector Phone       | : Not Specified                   |
| License/Permit Number                     | : PT0003026                | Program:              | : 1629 - Food Vehicle Prepackaged |
| Person in Charge                          | :                          |                       | : Food Only                       |
| Inspection Date                           | : 9/29/2022                | Total Inspection Time | : 20 min.                         |
| Inspection Number                         | : DA0010248                | Danish                | · 01 - Meets Standards            |
| Purpose of Inspection                     | : 102 - Routine Inspection | Result                | : 01 - Meets Standards            |
| Inspection Violation No violations cited. | ons                        |                       |                                   |
| Overall Inspection Co                     | mments                     |                       |                                   |
| Truck looks great! Than                   | k you for your time.       |                       |                                   |
| Truck #518808                             |                            |                       |                                   |

Amanda Young

: CYGNUS HOME SERVICE LLC DBA SCHWAN'S H Owner

Date

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: CHARLES WATKINS

Tim Potanovic, REHS - Director

: DAD'S ICE CREAM

Facility Name

Received By:

| Site Address   | : PO BOX 758               | Owner Address         | : 265 BAYLES AVE                  |
|--|----------------------------|-----------------------|-----------------------------------|
| Facility ID  | : FA0001210                | Inspector             | : EE0000021 - Amanda Young        |
| Record ID  | : PR0002101                | Inspector Phone       | : Not Specified                   |
| License/Permit Number  | : PT0002191                | Program:              | : 1629 - Food Vehicle Prepackaged |
| Person in Charge   | :                          |                       | : Food Only                       |
| Inspection Date  | 9/22/2022                  | Total Inspection Time | : 15 min.                         |
| Inspection Number  | : DA0010208                | Danulk                | · 01 - Meets Standards            |
| Purpose of Inspection  | : 102 - Routine Inspection | Result                | : 01 - Meets Standards            |
| Inspection Violation No violations cited.  Overall Inspection Co |                            |                       |                                   |
| Truck looks great! Than  |                            |                       |                                   |
|  | •                          | ade i                 | S.L                               |

Date

# **OFFICIAL FOOD INSPECTION REPORT**



| Facility Name  | : DOLLAR GENERAL STORE #17266  | Owner  | : DOLGEN CALIFORN   | IA, LLC           |
|--|--|--|---|-------------------|
| Site Address   | : 9820 W HWY 99  | Owner Address  | : 100 MISSION RDG   |                   |
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date | : FA0001458<br>: PR0002578<br>: PT0002788<br>: 9/21/2022   | Inspector Inspector Phone Program: Total Inspection Time | <ul> <li>EE0000021 - Amanda</li> <li>Not Specified</li> <li>1615 - Retail Market</li> <li>Feet-15K Sq Feet No I</li> <li>60 min.</li> </ul> | 6K Sq.            |
| Inspection Number Purpose of Inspection                                      | : DA0010203<br>: 102 - Routine Inspection  | Result   | : 04 - Major Violations   |                   |
| An inspe   | ection of your property revealed the following violation   | ons. Please note the date for reins                      | pection. Thank you for your co  | operation.        |
| Inspection Violation   | ons -  |  |   |                   |
| ALL NONFOOD COM  | ITACT SURFACES SHALL BE KEPT CLEAN - 16 3  | 3  | "Comply by Date" Not<br>Specified   | Not In Compliance |
| Violation Description  | n:   |  |   |                   |
| All nonfood cont   | act surfaces of utensils and equipment shall be clea   | an. (114115 (c))   |   |                   |
| Corrective Descript  | ion:   |  |   |                   |
| Inspector Commen Please begin to debris on the bo                            | clean bottom of refrigerator and freezer shelves. Du   | uring inspection, it was noted in the                    | refrigerator unit to have a lot o   | f milk            |
| NO ADULTERED FO  | ODS ALLOWED - 16 13  |  | "Comply by Date" Not<br>Specified   | Not In Compliance |
| Violation Description  | n:   |  |   |                   |
|  | terated if it bears or contains any poisonous or dele<br>, 113988, 113990, 114035, 114254(c), 114254.3)  | terious substance that may render                        | it impure or injurious to health.   | (113967,          |
| Corrective Descript  | ion:   |  |   |                   |
| Inspector Commen   | ts:  |  |   |                   |
| date has been p  | n, it was found that multiple milk and dairy products assed. Dairy is a potentially hazardous food and muncy of FIFO practices to ensure this does not happe | ust be cycled correctly to ensure th                     |   | •                 |
| immediately. Ins   | eyee was notified of the expired product he said he was pector tagged the dairy products so they could not be once the expiration date has been passed.      |  | •   |                   |
| Overall Inspection Co  | omments  |  |   |                   |
|  |  | ali  | 4d  |                   |
| Received By:   | Date   | Amanda Young   |   | Date              |

# OFFICIAL FOOD INSPECTION REPORT

Owner

Tia Branton



: DOLGEN CALIFORNIA, LLC

Tim Potanovic, REHS - Director

Facility Name

Received By:

: DOLLAR GENERAL #14473

| Site Address   | : 755 WALNUT St                                       | Owner Address                    | : 100 MISSION RDG                 |
|--|---|----------------------------------|-----------------------------------|
| Facility ID  | : FA0001200   | Inspector                        | : EE0000005 - Tia Branton         |
| Record ID  | : PR0002082   | Inspector Phone                  | : (530) 527-8020                  |
| License/Permit Number  | : PT0002172   | Program:                         | : 1615 - Retail Market 6K Sq.     |
| Person in Charge   | :   |                                  | : Feet-15K Sq Feet No Prep        |
| Inspection Date  | : 9/9/2022  | Total Inspection Time            | : 45 min.                         |
| Inspection Number  | : DA0010169   | D II                             | · 01 - Meets Standards            |
| Purpose of Inspection  | : 106 - Pre-Opening Inspection                        | Result                           | : 01 - Meets Standards            |
| Inspection Violation No violations cited.  Overall Inspection Co |   |                                  |                                   |
| •  | and freezer units along West wall look great. Okay to | stock/sale product from these ar | nd from produce units. Thank you. |
|  |   | <i>(</i> ). I                    | 3 aanton                          |

Date

# **OFFICIAL FOOD INSPECTION REPORT**



| Facility Name                          | : DOLLAR TREE #02486                         | Owner   | : NORTH STATE GRO                 | OCERY, INC.       |
|--|--|---|-----------------------------------|-------------------|
| Site Address                           | : 1936 SOLANO St                             | Owner Address   | : P O BOX 439                     |                   |
| Facility ID                            | : FA0000524                                  | Inspector   | : EE0000021 - Amanda              | a Young           |
| Record ID                              | : PR0000132                                  | Inspector Phone   | : Not Specified                   | · ·               |
| License/Permit Number                  | : 2073-16F-1                                 | Program:  | : 1615 - Retail Market            | t 6K Sq.          |
| Person in Charge                       | :  | ·   | : Feet-15K Sq Feet No             | Prep              |
| Inspection Date                        | 9/26/2022                                    | Total Inspection Time   | : 60 min.                         |                   |
| Inspection Number                      | : DA0010231                                  |   | 02 Miner Violetiene               |                   |
| Purpose of Inspection                  | : 102 - Routine Inspection                   | Result  | : 03 - Minor Violations           |                   |
| An inspe                               |  | owing violations. Please note the date for rei  | nspection. Thank you for your c   | ooperation.       |
| ADEQUATE LIGHTIN                       | G REQUIRED - 16 38A                          |   | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description                  | n:   |   |                                   |                   |
|  | <del>-</del>                                 | ate cleaning and inspection. Light fixtures in a<br>atterproof construction or protected with light | •                                 |                   |
| Corrective Descript                    | ion:   |   |                                   |                   |
| Inspector Comment                      | ts:<br>vers for lightbulbs in walk in units. |   |                                   |                   |
| ALL NONFOOD CON                        | TACT SURFACES SHALL BE KEPT C                | LEAN - 16 33  | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description                  | n:   |   |                                   |                   |
| All nonfood conta                      | act surfaces of utensils and equipment       | shall be clean. (114115 (c))  |                                   |                   |
| Corrective Descripti                   | ion:   |   |                                   |                   |
| Inspector Comment<br>Walk in freezer r |  | ection there were chunks of ice on shelfs, floo   | or and walls. Please fix immedia  | tely.             |
| Overall Inspection Co                  | mments                                       |   |                                   |                   |
| Thank you for correcting               | g past issues.                               |   |                                   |                   |
| Store is looking much b                | etter. Staff were very helpful. Thank yo     | u!  |                                   |                   |
|  |  | Owe   | i yet                             |                   |
| Received By:                           |  | Date Amanda Young   |                                   | Date              |

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: D M MAIN STREET INVESTMENTS INC

Tim Potanovic, REHS - Director

Facility Name

: DUTCH BROS. COFFEE

| Site Address   | : 430 S MAIN ST            | Owner Address         | : P O BOX 492526                   |
|--|----------------------------|-----------------------|------------------------------------|
| Facility ID  | : FA0000677                | Inspector             | : EE0000021 - Amanda Young         |
| Record ID  | : PR0000330                | Inspector Phone       | : Not Specified                    |
| License/Permit Number  | : 2370-16F-1               | Program:              | : 1640 - Limited Food Prep (Coffee |
| Person in Charge   | :                          |                       | : Stand/Hotel)                     |
| Inspection Date  | : 9/23/2022                | Total Inspection Time | : 45 min.                          |
| Inspection Number  | : DA0010216                | D "                   | 01 Masta Standarda                 |
| Purpose of Inspection  | : 102 - Routine Inspection | Result                | : 01 - Meets Standards             |
| Inspection Violat  No violations cited  Overall Inspection C |                            |                       |                                    |
| Everything looked gre  |                            |                       |                                    |
|  |                            | ad                    | i GL                               |
| Received By:   |                            | Date Amanda Young     | Date                               |

# **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name  | : ELOTES JUAREZ - 1  | Owner   | : JUAN JUAREZ-FLOR   | ES                |
|--|--|---|--|-------------------|
| Site Address   | : 1806 SOLANO ST   | Owner Address   | : 2019 BLOSSOM AVE   |                   |
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number | : FA0001189<br>: PR0002071<br>: PT0002161<br>:<br>: 9/29/2022<br>: DA0010240 | Inspector Inspector Phone Program: Total Inspection Time  | : EE0000021 - Amanda<br>: Not Specified<br>: 1628 - Food Vehicle F<br>:<br>: 60 min. | -                 |
| Purpose of Inspection  | : 102 - Routine Inspection   | Result  | : 03 - Minor Violations  |                   |
| An inspection Violation  |  | ving violations. Please note the date for reins   | pection. Thank you for your co   | operation.        |
| FOOD TRAINING - 16   | 6 1  |   | "Comply by Date" Not<br>Specified  | Not In Compliance |
| Violation Descriptio   | n:   |   |  |                   |
| facilities that pre  |  | nd be trained in food safety as it relates to thei<br>potentially hazardous food, shall have an emp | , ,  |                   |
| Corrective Descript  | ion:   |   |  |                   |
| 9/29/2022 to avo   | spection, food handlers card was expired bid future re-inspection fees.      | l. Please obtain a valid Food Handlers Certific   | ate within 60 days of todays da  | te of             |
| Overall Inspection Co Please obtain a valid Fo   | omments  ood Handlers Certificate within 60 days.                            |   |  |                   |
| Cart was very clean. Th  | ·  | ali   | J.L  |                   |
| Received By:   |  | Date Amanda Young   |  | Date              |

Date

Amanda Young

Received By:

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: ESTEVE SANCHEZ

Tim Potanovic, REHS - Director

Facility Name

: ELOTES SANCHES

| Site Address             | : 212 S MAIN ST   |                            | Owner Address                   |          | 13422 PRAIRIE LN           |                   |
|--------------------------|---|----------------------------|---------------------------------|----------|----------------------------|-------------------|
| Facility ID              | : FA0001493   |                            | Inspector                       |          | : EE0000021 - Amanda       | Young             |
| Record ID                | : PR0002634   |                            | Inspector Phone                 | :        | Not Specified              |                   |
| License/Permit Number    | : PT0002850   |                            | Program:                        |          | : 1628 - Food Vehicle I    | Prepared Food     |
| Person in Charge         | :   |                            | -                               |          | :                          |                   |
| Inspection Date          | : 9/8/2022  |                            | Total Inspection Time           |          | : 60 min.                  |                   |
| Inspection Number        | : DA0010147   |                            |                                 |          | 04 Maion Violetiana        |                   |
| Purpose of Inspection    | : 102 - Routine Inspection  |                            | Result                          | :        | 04 - Major Violations      |                   |
| ─ Inspection Violatio    |   |                            |                                 | "Cor     | nply by Date" Not          | Not In Compliance |
| 1000 INAMMO - 10         | , ,   |                            |                                 |          | cified                     |                   |
| Violation Description    | n:  |                            |                                 |          |                            |                   |
| facilities that pre      | es shall have adequate knowle<br>pare, handle or serve non-prep<br>ication examination. (113947-1 | ackaged potentially hazar  | •                               | •        | , ,                        |                   |
| Corrective Descripti     | ion:  |                            |                                 |          |                            |                   |
| Inspector Comment        | ts:   |                            |                                 |          |                            |                   |
| Food training wa         | s found to be expired. Please r   | enew your Food Handlers    | Certificate.                    |          |                            |                   |
| Overall Inspection Co    | mments —  |                            |                                 |          |                            |                   |
| During inspection, it wa | s noted that they did not have a  | a commissary on file and h | nave been using their home l    | kitchen  | to prep fruits and corn fo | r stand.          |
| Per conversation during  | inspection, Elotes Sanches wi   | Il be closed until commiss | ary form is filled out and retu | urned to | Environmental Health D     | epartment.        |
|                          |   |                            |                                 |          |                            |                   |
|                          |   |                            |                                 |          |                            |                   |
| Received By:             |   | Date                       | Amanda Young                    |          |                            | Date              |
|                          |   |                            |                                 |          |                            |                   |

# **OFFICIAL FOOD INSPECTION REPORT**



| Facility Name<br>Site Address             | : FRANCISCO TACOS<br>: #8 SUTTER ST       | Owner<br>Owner Address | : FRANCISCO REYES<br>: 1415 MILLER WAY |
|---|---|------------------------|--|
| Facility ID                               | : FA0001483                               | Inspector              | : EE0000021 - Amanda Young             |
| Record ID                                 | : PR0002616                               | Inspector Phone        | : Not Specified                        |
| License/Permit Number                     | : PT0002832                               | Program:               | : 1628 - Food Vehicle Prepared Food    |
| Person in Charge                          | :   |                        | :                                      |
| Inspection Date                           | 9/1/2022                                  | Total Inspection Time  | : 45 min.                              |
| Inspection Number                         | : DA0010127                               | Result                 | · 01 - Meets Standards                 |
| Purpose of Inspection                     | : 102 - Routine Inspection                | Result                 | . 01 - Weets Standards                 |
| No violations cited  Overall Inspection C |   |                        |  |
| •   | , thank you! Just keep an eye on the roof | screens.               |  |
| Received By:                              |   | Date Amanda Young      | Date                                   |

# **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name          | : FRANKS  | Owner                 | : KEVIN WILSEY                     |  |
|------------------------|---|-----------------------|------------------------------------|--|
| Site Address           | : 41500 HWY 36E   | Owner Address         | : 2850 DEL MAR AVE                 |  |
| Facility ID            | : FA0001649   | Inspector             | EE0000021 - Amanda Young           |  |
| Record ID              | : PR0003191   | Inspector Phone       | : Not Specified                    |  |
| License/Permit Number  | : PT0003427   | Program:              | : 1623 - Restaurant <2000 Sq. Feet |  |
| Person in Charge       | :   |                       | :                                  |  |
| Inspection Date        | : 9/9/2022  | Total Inspection Time | : 45 min.                          |  |
| Inspection Number      | : DA0010158   | D H                   | · 01 - Meets Standards             |  |
| Purpose of Inspection  | : 102 - Routine Inspection  | Result                | : 01 - Meets Standards             |  |
| — Inanastian Vialati   |   |                       |                                    |  |
| Inspection Violati     |   |                       |                                    |  |
| No violations cited.   |   |                       |                                    |  |
|                        |   |                       |                                    |  |
|                        |   |                       |                                    |  |
| Overall Inspection Co  | o <b>mments</b><br>ean and well organized. Keep it up! Thank <sub>\</sub> | voul                  |                                    |  |
| Everything was very or | ean and wen organized. Neep it up: Thank y                                | you:                  |                                    |  |
|                        |   |                       |                                    |  |
|                        |   |                       |                                    |  |
|                        |   |                       |                                    |  |

Date

# **OFFICIAL FOOD INSPECTION REPORT**

Owner

: JOHN DIX



Tim Potanovic, REHS - Director

Facility Name

Received By:

: FROM THE HEARTH BAKERY & CAFE

| Site Address          | : 638 WASHINGTON ST   | Owner Address                     | : 1405 RIDGE DR                    |
|-----------------------|---|-----------------------------------|------------------------------------|
| Facility ID           | : FA0000518   | Inspector                         | : EE0000005 - Tia Branton          |
| Record ID             | : PR0002565   | Inspector Phone                   | : (530) 527-8020                   |
| License/Permit Number | : PT0002775   | Program:                          | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge      | :   |                                   | :                                  |
| Inspection Date       | : 9/7/2022  | Total Inspection Time             | : 60 min.                          |
| Inspection Number     | : DA0010139   | Deput                             | · 01 - Meets Standards             |
| Purpose of Inspection | : 102 - Routine Inspection                                    | Result                            | : 01 - Meets Standards             |
| — Increation Violetia |   |                                   |                                    |
| Inspection Violation  | ons -   |                                   |                                    |
| No violations cited.  |   |                                   |                                    |
|                       |   |                                   |                                    |
| Overall Inspection Co | omments   |                                   |                                    |
| •                     | undler cards/managers cards available for inspection at all t | times. Please return catering che | ecklist ASAP.                      |
| •                     |   | <i>(</i> )                        |                                    |
|                       |   | $\sim 1.63$                       | a and and                          |
|                       |   |                                   | wanton                             |

Date

Tia Branton

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: HARTEJ SINGH GREWAL AND RAJINDER SING

Tim Potanovic, REHS - Director

: GOTT COUNTRY STORE

Facility Name

| Facility ID  | : FA0000965   | Inspector   | : EE0000021 - Amanda Young                       |
|--|---|---|--|
| Record ID  | : PR0001022   | Inspector Phone   | : Not Specified                                  |
| License/Permit Number  | : 7007-16F-1  | Program:  | : 1613 - Retail Market Prepackaged               |
| Person in Charge   | :   |   | : Foods Only                                     |
| Inspection Date  | : 9/6/2022  | Total Inspection Time   | : 45 min.  |
| Inspection Number  | : DA0010130   | Result  | : 03 - Minor Violations                          |
| Purpose of Inspection  | : 102 - Routine Inspection  | Result  | : 00 - WINTON VIOLATIONS                         |
| An Inspection Violati  | ection of your property revealed the following ons  | violations. Please note the date for reinsp   | pection. I hank you for your cooperation.        |
| DEDICATED WORK   | NG THERMOMETER SHALL BE AVAILABLE   | EAT ALL TIMES - 16 39   | "Comply by Date" Not Specified Not In Compliance |
|  |   |   |  |
| Violation Description  | on:   |   |  |
| An accurate eas  | sily readable metal probe thermometer suitable 2 øF shall be provided for each hot and cold   |   |  |
| An accurate eas<br>thermometer +/-   | sily readable metal probe thermometer suitable 2 øF shall be provided for each hot and cold 157, 114159)  |   |  |
| An accurate easthermometer +/-machines. (114   | sily readable metal probe thermometer suitable 2 øF shall be provided for each hot and cold 157, 114159)  |   |  |
| An accurate eas<br>thermometer +/-<br>machines. (114<br>Corrective Description   | sily readable metal probe thermometer suitable 2 øF shall be provided for each hot and cold 157, 114159)  | holding unit of potentially hazardous food  |  |
| An accurate eas<br>thermometer +/-<br>machines. (114<br>Corrective Descript<br>Inspector Comment<br>Please place a second  | sily readable metal probe thermometer suitable 2 gF shall be provided for each hot and cold 157, 114159)  tion:  ts:  thermometer in the front counter refrigerator.  | holding unit of potentially hazardous food  |  |
| An accurate eas<br>thermometer +/-<br>machines. (114<br>Corrective Descrip<br>Inspector Commen<br>Please place a to  | sily readable metal probe thermometer suitable 2 gF shall be provided for each hot and cold 157, 114159)  tion:  ts:  thermometer in the front counter refrigerator.  | holding unit of potentially hazardous food  | s and high temperature warewashing               |
| An accurate eas thermometer +/- machines. (114  Corrective Descript  Inspector Comment Please place a to  Overall Inspection Co  During inspection, it was top.  | sily readable metal probe thermometer suitable 2 øF shall be provided for each hot and cold 157, 114159)  tion: tts: chermometer in the front counter refrigerator.   | holding unit of potentially hazardous food  Thank you.  meat products. Cashier was beginning to | s and high temperature warewashing               |
| An accurate eas thermometer +/- machines. (114  Corrective Description Inspector Commental Please place a feroverall Inspection Commentation in the commentation of th | sily readable metal probe thermometer suitable 2 øF shall be provided for each hot and cold 157, 114159)  tion:  tts:  chermometer in the front counter refrigerator. | holding unit of potentially hazardous food  Thank you.  meat products. Cashier was beginning to | s and high temperature warewashing               |

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: DAVID & CHRYSTAL TALLEY

Tim Potanovic, REHS - Director

Facility Name

Received By:

: GROCERY OUTLET

| Site Address           | : 580 S MAIN St  | Owner Address                     | : 15 KRUEGER CT                   |
|------------------------|--|-----------------------------------|-----------------------------------|
| Facility ID            | : FA0001419  | Inspector                         | : EE0000021 - Amanda Young        |
| Record ID              | : PR0002649  | Inspector Phone                   | : Not Specified                   |
| License/Permit Number  | : PT0002865  | Program:                          | : 1616 - Retail Market >15,000 Sq |
| Person in Charge       | :  |                                   | : Feet No Prep                    |
| Inspection Date        | 9/23/2022  | Total Inspection Time             | : 60 min.                         |
| Inspection Number      | : DA0010217  | D II                              | · 01 - Meets Standards            |
| Purpose of Inspection  | : 102 - Routine Inspection                                 | Result                            | : 01 - Meets Standards            |
| No violations cited.   |  |                                   |                                   |
| Overall Inspection Co  |  | tal and David ware year helpful t | Thonk youl                        |
| Everything was very de | an and well maintained. Keep it up! Staff and owners Cryst | iai and David were very helpful t | oday. Mank you!                   |
|                        |  |                                   |                                   |

Date

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: A B & C RINCON INC.

Tim Potanovic, REHS - Director

Facility Name

Received By:

: GUADALAJARA RESTAURANT

| <b>─Overall Inspection Co</b> Thank you for correctin                  |                            | te it better. The facility looks great, keep it up! |  |
|--|----------------------------|---|--|
|  |                            |   |  |
| <ul> <li>Inspection Violation</li> <li>No violations cited.</li> </ul> | ons                        |   |  |
| Purpose of Inspection  | : 102 - Routine Inspection | Result  | : 01 - Meets Standards                 |
| Inspection Date Inspection Number                                      | : 9/12/2022<br>: DA0010165 | Total Inspection Time                               | : 45 min.                              |
| License/Permit Number Person in Charge                                 | : 2225-16F-1<br>:          | Program:  | : 1623 - Restaurant <2000 Sq. Feet     |
| Record ID  | : FA0000608<br>: PR0000232 | Inspector Inspector Phone                           | EE0000021 - Amanda Young Not Specified |
| Facility ID  |                            |   |  |

Amanda Young

Date

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: FLOYD E DAMSCHEN

Tim Potanovic, REHS - Director

: HAMPTON INN & SUITES

Facility Name

Received By:

| Site Address   | : 520 ADOBE ROAD                                       | Owner Address         | : 701 LASSEN AVE                   |
|--|--|-----------------------|------------------------------------|
| Facility ID  | : FA0000671  | Inspector             | : EE0000021 - Amanda Young         |
| Record ID  | : PR0000323  | Inspector Phone       | : Not Specified                    |
| License/Permit Number  | : 2354-16F-1   | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge   | :  |                       | :                                  |
| Inspection Date  | : 9/21/2022  | Total Inspection Time | : 45 min.                          |
| Inspection Number  | : DA0010200  | D II                  | : 01 - Meets Standards             |
| Purpose of Inspection  | : 102 - Routine Inspection                             | Result                | : 01 - Meets Standards             |
| Inspection Violation No violations cited.  Overall Inspection Co |  |                       |                                    |
|  | bloyees food training certificates and have available. |                       |                                    |
|  | ean and looked great. Thank you!                       | $\circ$               |                                    |

Date

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: HARDEEP SINGH

Tim Potanovic, REHS - Director

: HARVEY'S MARKET

Facility Name

Received By:

| Site Address                                | : 9975 HIGHWAY 99 W  | Owner Address                       | · 1931 NORTH ST                    |
|---|--|-------------------------------------|------------------------------------|
| Facility ID                                 | : FA0000545  | Inspector                           | : EE0000005 - Tia Branton          |
| Record ID                                   | : PR0000159  | Inspector Phone                     | : (530) 527-8020                   |
| License/Permit Number                       | : 2120-16F-1   | Program:                            | : 1613 - Retail Market Prepackaged |
| Person in Charge                            | :  |                                     | : Foods Only                       |
| Inspection Date                             | : 9/6/2022   | Total Inspection Time               | ; 45 min.                          |
| Inspection Number Purpose of Inspection     | <ul><li>DA0010137</li><li>102 - Routine Inspection</li></ul> | Result                              | : 01 - Meets Standards             |
| No violations cited.  Overall Inspection Co |  |                                     |                                    |
| •   | nank you for keeping it clean. Continue quarte               | rly Total Coliform testing on well. |                                    |
| , s.e geed                                  | ,  |                                     | 3 ranton                           |

Date

Tia Branton

# **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name<br>Site Address  | : HIGHLAND RANCH LLC<br>: 41515 E HWY 36E   | Owner Owner Address  | : KEVIN WILSEY<br>: 1856 YERBA WAY   |  |  |
|--|---|--|--|--|--|
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number Purpose of Inspection | : FA0001361<br>: PR0002390<br>: PT0002432<br>:<br>: 9/9/2022<br>: DA0010155<br>: 102 - Routine Inspection | Inspector Inspector Phone Program:  Total Inspection Time Result | <ul> <li>EE0000021 - Amanda Young</li> <li>Not Specified</li> <li>1624 - Restaurant 2000 Sq.</li> <li>Feet-6000 Sq. Feet</li> <li>60 min.</li> <li>01 - Meets Standards</li> </ul> |  |  |
| Purpose of Inspection : 102 - Routine Inspection  Inspection Violations  No violations cited.                        |   |  |  |  |  |
| Overall Inspection Comments Facility was clean and well maintained. Thank you!                                       |   |  |  |  |  |

Date

# **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name                            | : THE HOME DEPOT #0492     | Owner                 | : HOME DEPOT USA INC               |  |
|--|----------------------------|-----------------------|------------------------------------|--|
| Site Address                             | : 2650 MAIN ST             | Owner Address         | : 2455 PACES FERRY RD              |  |
| Facility ID                              | : FA0001078                | Inspector             | : EE0000005 - Tia Branton          |  |
| Record ID                                | : PR0001778                | Inspector Phone       | : (530) 527-8020                   |  |
| License/Permit Number                    | : 8348-16F-1               | Program:              | : 1613 - Retail Market Prepackaged |  |
| Person in Charge                         | :                          |                       | : Foods Only                       |  |
| Inspection Date                          | : 9/21/2022                | Total Inspection Time | : 30 min.                          |  |
| Inspection Number                        | : DA0010198                | Dogult                | · 01 - Meets Standards             |  |
| Purpose of Inspection                    | : 102 - Routine Inspection | Result                | : 01 - Meets Standards             |  |
| - Inanaction Violati                     |                            |                       |                                    |  |
| <ul> <li>Inspection Violation</li> </ul> |                            |                       |                                    |  |
| No violations cited.                     |                            |                       |                                    |  |
|  |                            |                       |                                    |  |
|  | ,                          |                       |                                    |  |
| Overall Inspection Con<br>No issues.     | omments                    |                       |                                    |  |
| 140 133003.                              |                            |                       |                                    |  |
|  |                            | <u> </u>              | 3, 1.                              |  |
|  |                            | . 1                   | - wanton                           |  |

Date

Tia Branton

#### OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

: HOMETOWN HUB : JOI GONZALES **Facility Name** Owner

: 955 HWY 99W SUITE 119 : 955 HWY 99W SUITE 119 Site Address Owner Address

Facility ID FA0001621 Inspector : EE0000005 - Tia Branton

PR0003150 Record ID Inspector Phone (530) 527-8020

: PT0003383 License/Permit Number Program: : 1624 - Restaurant 2000 Sq.

: Feet-6000 Sq. Feet

Inspection Date 9/22/2022 : 60 min. **Total Inspection Time** 

DA0010219 Inspection Number

: 03 - Minor Violations Result 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

Person in Charge

Not In Compliance **FOOD TRAINING - 16 1** "Comply by Date" Not

Specified

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:

Copies of all food handler cards and managers cards shall be on site at all times and available for inspection.

"Comply by Date" Not FOOD SHALL BE KEPT IN APPROVED CONTAINERS, LABELED AND STORED OFF OF

FLOOR - 16 30

Violation Description:

Food shall be stored in approved containers and labeled as to contents. Food shall be stored at least 6# above the floor on approved shelving. (114047, 114049, 114051, 114053, 114055, 114067(h), 114069 (b))

Corrective Description:

Inspector Comments:

Food in Dry storage shall not be on floor.

Refrigerated meats shall be stored so as to eliminate potential for cross contamination.

ALL FOOD CONTACT SURFACES SHALL BE KEPT CLEANED AND SANITIZED - 16 14

"Comply by Date" Not

Not In Compliance

Not In Compliance

Specified

Specified

Specified

Violation Description:

All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(e), 114097, 114099.1, 114099.4, 114099.6, 114101 (b-d), 114105, 114109, 114111, 114113, 114115 (a, b, d), 114117, 114125(b), 114141)

Corrective Description:

Inspector Comments:

If ice in bar serving area is used for drinks, ice must be treated like food product and not in contact with bottom unit/ice scoop.

WAREWASHING FACILITIES SHALL BE WORKING CORRECTLY AND HAVE TESTING

"Comply by Date" Not

Not In Compliance

**MATERIALS TO VERIFY CHEMICAL CONC - 16 34** 

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:

5198.rpt rev1 12-12-2014

# OFFICIAL FOOD INSPECTION REPORT



| Facility Name      | : HOMETOWN HUB                            | Owner                     | ;         | JOI GONZALES          |      |
|--------------------|---|---------------------------|-----------|-----------------------|------|
| Site Address       | : 955 HWY 99W SUITE 119                   | Owner A                   | Address : | 955 HWY 99W SUITE 119 |      |
| Test strip for     | or dishwasher not available. Must have on | hand and must test daily. |           |                       |      |
| Overall Inspection | on Comments —                             |                           |           |                       |      |
|                    |   | •                         | J. B      | aanton                |      |
| Received By:       |   | Date Tia                  | Branton   |                       | Date |

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: ALYSSA MENDONSA

Tim Potanovic, REHS - Director

: HUMAN BEAN

Facility Name

| Site Address  | : 2135 N MAIN ST           |      | Owner Address         | : 19485 ALTA VISTA DR              |
|---|----------------------------|------|-----------------------|------------------------------------|
| Facility ID   | : FA0000669                |      | Inspector             | : EE0000021 - Amanda Young         |
| Record ID   | : PR0000320                |      | Inspector Phone       | : Not Specified                    |
| License/Permit Number   | : 2342-16F-1               |      | Program:              | : 1640 - Limited Food Prep (Coffee |
| Person in Charge  | :                          |      |                       | : Stand/Hotel)                     |
| Inspection Date   | : 9/21/2022                |      | Total Inspection Time | : 45 min.                          |
| Inspection Number   | : DA0010199                |      | Result                | · 01 - Meets Standards             |
| Purpose of Inspection   | : 102 - Routine Inspection |      | Result                | . 01 - Mooto otandardo             |
| <ul> <li>Inspection Violate</li> <li>No violations cited</li> <li>Overall Inspection C</li> </ul> | l.                         |      |                       |                                    |
| Everything looks great  |                            |      |                       |                                    |
|   |                            |      | ale                   | YX                                 |
| Received By:  |                            | Date | Amanda Young          | Date                               |

# **OFFICIAL FOOD INSPECTION REPORT**



Date

Tim Potanovic, REHS - Director

| Facility Name   | : IRON SKILLET/PETRO STOPPING CENTERS                               | Owner                         | : TA OPERATING LLC           |
|---|---|-------------------------------|------------------------------|
| Site Address  | : 2151 SOUTH AVE  | Owner Address                 | : P O BOX 451100             |
| Facility ID   | : FA0000610   | Inspector                     | : EE0000021 - Amanda Young   |
| Record ID   | : PR0000234   | Inspector Phone               | : Not Specified              |
| License/Permit Number   | : 2227-16F-1  | Program:                      | : 1624 - Restaurant 2000 Sq. |
| Person in Charge  | :   |                               | : Feet-6000 Sq. Feet         |
| Inspection Date   | : 9/8/2022  | Total Inspection Time         | : 45 min.                    |
| Inspection Number   | : DA0010150   |                               | 04 Masta Standards           |
|   | 100 Bastian Island tion   | Result                        | : 01 - Meets Standards       |
| Purpose of Inspection   | : 102 - Routine Inspection  |                               |                              |
| · · · · · · · · · · · · · · · · · · ·   | · · · · · · · · · · · · · · · · · · ·                               |                               |                              |
| Inspection Violation  | · · · · · · · · · · · · · · · · · · ·                               |                               |                              |
| · · · · · · · · · · · · · · · · · · ·   | · · · · · · · · · · · · · · · · · · ·                               |                               |                              |
| Inspection Violation  | · · · · · · · · · · · · · · · · · · ·                               |                               |                              |
| Inspection Violation No violations cited.   | ons   |                               |                              |
| Inspection Violation No violations cited.  Overall Inspection Co                          | mments  |                               |                              |
| Inspection Violation No violations cited.  Overall Inspection Co                          | ons   | n those hard to reach spaces. |                              |
| Inspection Violation No violations cited.  Overall Inspection Co Please add lightbulb cor | mments vers in walk in refrigerators and begin to do a deep clean i | n those hard to reach spaces. |                              |
| Inspection Violation No violations cited.  Overall Inspection Co Please add lightbulb cor | mments  | n those hard to reach spaces. |                              |

Date

Amanda Young

Received By:

# **OFFICIAL FOOD INSPECTION REPORT**



| Facility Name  | ; JACK'S PLACE   |  | Owner                         | : ALEX RIVERA                     |                   |
|--|--|--|-------------------------------|-----------------------------------|-------------------|
| Site Address   | : 7875 HIGHWAY 99 E  |  | Owner Address                 | : 5075 CLARK RD                   |                   |
| Facility ID  | : FA0000643  |  | Inspector                     | : EE0000021 - Amanda \            | oung/             |
| Record ID  | : PR0000284  |  | Inspector Phone               | : Not Specified                   | · ·               |
| License/Permit Number                                | : 2289-16F-1   |  | ·<br>Program:                 | : 1623 - Restaurant <20           | 00 Sq. Feet       |
| Person in Charge                                     | :  |  | -                             | :                                 |                   |
| Inspection Date                                      | : 9/29/2022  |  | Total Inspection Time         | : 60 min.                         |                   |
| Inspection Number                                    | : DA0010242  |  | Result                        | · 03 - Minor Violations           |                   |
| Purpose of Inspection                                | : 102 - Routine Inspection   |  | Nesuit                        | . 00 Millor Violations            |                   |
| An inspe   | ection of your property revealed the   | following violations. Plea                                 | se note the date for reinsp   | ection. Thank you for your coo    | peration.         |
| Inspection Violati                                   | ons —  |  |                               |                                   |                   |
|  |  |  |                               |                                   |                   |
| ALL FOOD SHALL                                       | BE SEPERATED AND PROTECTED   | D FROM CONTAMINATIO  | N - 16 27                     | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description                                | n:   |  |                               |                                   |                   |
|  | separated and protected from cont<br>.1 (c), 114143 (c))   | tamination. (113984 (a, b,                                 | c, d, f), 113986, 114060,     | 114067(a, d, e, j), 114069(a, b)  | ),                |
| Corrective Descript                                  | ion:   |  |                               |                                   |                   |
| Inspector Commen                                     | ts:  |  |                               |                                   |                   |
| •  | re all containers holding food are p   | rotected with lids.  |                               |                                   |                   |
| TOILET FACILITY M                                    | UST BE CLEAN, SUPPLIED AND F   | PROPERY CONSTRUCTE   | D - 16 43                     | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description                                | n:   |  |                               |                                   |                   |
| tissue shall be p<br>building and plu                | hall be maintained clean, sanitary a<br>rovided in a permanently installed o<br>mbing ordinances. Toilet facilities s<br>iquor consumption. (114250, 11425 | dispenser at each toilet. T<br>shall be provided for patro | he number of toilet facilitie | es shall be in accordance with lo | ocal              |
| Corrective Descript                                  | ion:   |  |                               |                                   |                   |
| Inspector Commen<br>During inspection                | <i>ts:</i><br>n, men's bathroom had no toilet pa   | per. Please increase the f                                 | requency of restocking and    | d cleaning bathrooms.             |                   |
| <b>Overall Inspection Co</b> Please begin to give th | omments ose hard to reach places a thoroug   | h clean scrubbing.   |                               |                                   |                   |
| Please correct above v                               | iolations prior to next inspection, th   | ank you!   |                               |                                   |                   |
| Thank you for your time                              | e today.   |  |                               |                                   |                   |
|  |  |  | ale                           | J.                                |                   |
| Received By:   |  | Date Date  | Amanda Young                  |                                   | Date              |

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: PETRA GUTIERREZ

Tim Potanovic, REHS - Director

Facility Name

: JCA ICE CONES

| Received By:  |  | Date                   | - Amanda Young                           | Date   |
|---|--|------------------------|--|--|
| <b>Overall Inspection C</b> Cart was very clean a               | <b>comments</b><br>nd everything looked great, keep it u | up! Thank you for your | time today.                              |  |
| <ul><li>Inspection Violat</li><li>No violations cited</li></ul> |  |                        |  |  |
| Purpose of Inspection   | : 102 - Routine Inspection                               |                        | Result                                   | : 01 - Meets Standards   |
| Person in Charge Inspection Date Inspection Number              | :<br>: 9/29/2022<br>· DA0010241                          |                        | Total Inspection Time                    | :<br>: 60 min.   |
| Facility ID Record ID License/Permit Number                     | : FA0001172<br>: PR0002006<br>: PT0002041                |                        | Inspector<br>Inspector Phone<br>Program: | <ul><li>: EE0000021 - Amanda Young</li><li>: Not Specified</li><li>: 1628 - Food Vehicle Prepared Food</li></ul> |
| Site Address  | : 1585 FIG 51  |                        | Owner Address                            | . 1585 FIG ST  |

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name                                   | : LAKE CALIFORNIA CAFE & PIZZERIA                              | Owner                          | : CALIFORNIA FUSION FOODS, LLC     |  |  |
|---|--|--------------------------------|------------------------------------|--|--|
| Site Address                                    | : 19632 LAKE CALIFORNIA DR                                     | Owner Address                  | : 19632 LAKE CALIFORNIA DR         |  |  |
| Facility ID                                     | : FA0000569  | Inspector                      | : EE0000021 - Amanda Young         |  |  |
| Record ID                                       | : PR0000185  | Inspector Phone                | : Not Specified                    |  |  |
| License/Permit Number                           | : 2155-16F-1   | Program:                       | : 1623 - Restaurant <2000 Sq. Feet |  |  |
| Person in Charge                                | :  |                                | :                                  |  |  |
| Inspection Date                                 | : 9/13/2022  | Total Inspection Time          | : 60 min.                          |  |  |
| Inspection Number                               | : DA0010170  | 5 "                            | · 01 - Meets Standards             |  |  |
| Purpose of Inspection                           | : 102 - Routine Inspection                                     | Result                         | : 01 - Meets Standards             |  |  |
| Inspection Violations No violations cited.      |  |                                |                                    |  |  |
| -Overall Inspection Co Everything is looking mu | uch better. Begin to deep clean those hard to reach areas a    | and keep up the good work. Tha | ink vou!                           |  |  |
| Every aming to rectang in                       | asin botton. Bogiin to doop sloan those hard to reasin areas t | and Roop up the good work. The | iiii you.                          |  |  |
| A.) Bottoms of refrigerat                       | tors and freezers have food debris.                            |                                |                                    |  |  |
| B.) Organize non-food s                         | tuffs to be away from foods. i.e. pizza boxes on floor near    | kitchen prep.                  |                                    |  |  |
| C.) Noted that ANSUL s                          | ystem was serviced in July and will need to be cleaned ag      | ain in December.               |                                    |  |  |
|   |  | al 1                           | fr4                                |  |  |

Date

Amanda Young

Received By:

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name                            | : LAKE CLUB                | Owner                 | : LAKE CLUB                        |
|--|----------------------------|-----------------------|------------------------------------|
| Site Address                             | : 22431 RIO ALTO DR        | Owner Address         | : 22431 RIO ALTO DR                |
| Facility ID                              | : FA0000562                | Inspector             | : EE0000021 - Amanda Young         |
| Record ID                                | : PR0000176                | Inspector Phone       | : Not Specified                    |
| License/Permit Number                    | : 2146-16F-1               | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge                         | :                          |                       | :                                  |
| Inspection Date                          | 9/13/2022                  | Total Inspection Time | : 45 min.                          |
| Inspection Number                        | : DA0010174                | Danish                | · 01 - Meets Standards             |
| Purpose of Inspection                    | : 102 - Routine Inspection | Result                | : 01 - Meets Standards             |
| - Increation Violetie                    |                            |                       |                                    |
| <ul> <li>Inspection Violation</li> </ul> | ns                         |                       |                                    |
| No violations cited.                     |                            |                       |                                    |
|  |                            |                       |                                    |
| Overall Inspection Co.                   | mmonte                     |                       |                                    |
| •  | and very clean. Thank you! |                       |                                    |
|  | and rely cleam maintyea.   |                       |                                    |
|  |                            |                       | had?                               |
|  |                            |                       |                                    |

Date

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name<br>Site Address  | : LASSEN MINERAL LODGE RES<br>: HWY 36E  | TAURANT/BAR Owner Owner Address  | ; JIM & BETH GLENN<br>: PO BOX 160   |                   |
|--|--|--|--|-------------------|
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number Purpose of Inspection | : FA0001206<br>: PR0002092<br>: PT0002182<br>:<br>: 9/9/2022<br>: DA0010160<br>: 102 - Routine Inspection                    | Inspector Inspector Phone Program: Total Inspection Time Result  | EE0000021 - Amanda Not Specified 1623 - Restaurant <2  45 min. 03 - Minor Violations | -                 |
| An inspe   | ection of your property revealed the fol   | lowing violations. Please note the date for rei  | nspection. Thank you for your co   | operation.        |
| FOOD TRAINING - 10   |  |  | "Comply by Date" Not<br>Specified  | Not In Compliance |
| facilities that pre  | ees shall have adequate knowledge of<br>pare, handle or serve non-prepackage   | and be trained in food safety as it relates to the dopotentially hazardous food, shall have an el  |  |                   |
| Corrective Descript  | fication examination. (113947-113947   | .1)  |  |                   |
| Inspector Commen   | ts:  | have all others available for inspection. Thank  | ς you.   |                   |
| . ,  | EKEPT CLEAN AT ALL TIMES - 16 44   | ·  | "Comply by Date" Not<br>Specified  | Not In Compliance |
| Violation Description  | n:   |  |  |                   |
| items shall be st  | ored and displayed separate from food  | and free of litter and rubbish; all clean and soil<br>d and food-contact surfaces; the facility shall b<br>6.4, 114257, 114257.1, 114259, 114259.2, 11 | e kept vermin proof. (114067 (j),  | 114123,           |
| Corrective Descript  | ion:   |  |  |                   |
| B.) Please begir   | ts:  n bottom of freezer with all food debris. n to clean cappuccino more frequently n to get rid of unused equipment in the | •  |  |                   |
| Overall Inspection Co  | omments  |  |  |                   |
| Thank you for your time  |  |  |  |                   |
|  |  |  |  |                   |
| Received By:   |  | Date Amanda Young  |  | Date              |

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: JAMES & BETH GLENN

Tim Potanovic, REHS - Director

: LASSEN MINERAL LODGE STORE

Facility Name

Received By:

| Site Address                        | : HIGHWAY 36 E             | Owner Address         | : P O BOX 160                        |  |
|-------------------------------------|----------------------------|-----------------------|--------------------------------------|--|
| Facility ID                         | : FA0000571                | Inspector             | : EE0000021 - Amanda Young           |  |
| Record ID                           | : PR0000188                | Inspector Phone       | · Not Specified                      |  |
| License/Permit Number               | : 2158-16F-1               | Program:              | : 1614 - Retail Market<6000 Sq. Feet |  |
| Person in Charge                    | :                          |                       | : No Prep                            |  |
| Inspection Date                     | 9/9/2022                   | Total Inspection Time | : 15 min.                            |  |
| Inspection Number                   | : DA0010159                | Dti                   | · 01 - Meets Standards               |  |
| Purpose of Inspection               | : 102 - Routine Inspection | Result                | : 01 - Meets Standards               |  |
| — Inanastian Vialeti                |                            |                       |                                      |  |
| Inspection Violati                  | ons                        |                       |                                      |  |
| No violations cited.                |                            |                       |                                      |  |
|                                     |                            |                       |                                      |  |
|                                     |                            |                       |                                      |  |
| Overall Inspection Co               |                            | ·                     |                                      |  |
| Everything looked great. Thank you! |                            |                       |                                      |  |

Date

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: WESLEY SALISBURY

Tim Potanovic, REHS - Director

Facility Name

: LASSEN STEAK HOUSE

| Site Address  | : 4945 HIGHWAY 99 E              |      | Owner Address         | : 4945 HWY 99E                     |
|---|----------------------------------|------|-----------------------|------------------------------------|
| Facility ID   | : FA0000572                      |      | Inspector             | : EE0000021 - Amanda Young         |
| Record ID   | : PR0000189                      |      | Inspector Phone       | : Not Specified                    |
| License/Permit Number                                 | : 2159-16F-1                     |      | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge                                      | :                                |      |                       | :                                  |
| Inspection Date                                       | : 9/7/2022                       |      | Total Inspection Time | : 90 min.                          |
| Inspection Number                                     | : DA0010144                      |      |                       | O4 Marks Okandanda                 |
| Purpose of Inspection                                 | : 102 - Routine Inspection       |      | Result                | : 01 - Meets Standards             |
| No violations cited.                                  |                                  |      |                       |                                    |
| Overall Inspection Control  Everything was very close | ean and looked great. Thank you! |      |                       |                                    |
| , 0   | · ·                              |      |                       |                                    |
|   |                                  |      |                       |                                    |
|   |                                  |      | _                     |                                    |
| Received By:  |                                  | Date | Amanda Young          | Date                               |
|   |                                  |      |                       |                                    |

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name                            | : LITTLE COUNTRY STORE     | Owner                 | : JOHN & KEVEL KUCHLE                |
|--|----------------------------|-----------------------|--------------------------------------|
| Site Address                             | : 21931 CHIMNEY ROCK DR    | Owner Address         | : 22029 RAINBOW RIDGE PLACE DR       |
| Facility ID                              | : FA0000511                | Inspector             | : EE0000021 - Amanda Young           |
| Record ID                                | : PR0000118                | Inspector Phone       | : Not Specified                      |
| License/Permit Number                    | : 2042-16F-1               | Program:              | : 1614 - Retail Market<6000 Sq. Feet |
| Person in Charge                         | :                          |                       | : No Prep                            |
| Inspection Date                          | : 9/13/2022                | Total Inspection Time | : 30 min.                            |
| Inspection Number                        | : DA0010171                | D It                  | : 01 - Meets Standards               |
| Purpose of Inspection                    | : 102 - Routine Inspection | Result                | : 01 - Meets Standards               |
| <ul> <li>Inspection Violation</li> </ul> | ane -                      |                       |                                      |
| No violations cited.                     | ms                         |                       |                                      |
| No violations cited.                     |                            |                       |                                      |
|  |                            |                       |                                      |
| Overall Inspection Co                    | mments                     |                       |                                      |
| Everything looks great.                  |                            |                       |                                      |
|  |                            |                       |                                      |
|  |                            | ( lahe 1              | \$~ <b>√</b> \                       |
|  |                            | 0401                  | (11)                                 |

Date

#### OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

Facility Name : LOS AMIGOS TAQUERIA & MEAT MARKET Owner : LOS AMIGOS TAQUERIA

Site Address : 212 S MAIN ST Owner Address : 57 ELLEN LN

Facility ID: FA0000573 Inspector: EE0000021 - Amanda Young

Record ID : PR0000191 Inspector Phone : Not Specified

License/Permit Number : 2163-16F-1 Program: : 1618 - Retail Market <6000 Sq Feet

: 2 Prep Areas

Inspection Date : 9/23/2022 Total Inspection Time : 60 min.

Inspection Number : DA0010215

Purpose of Inspection : 102 - Routine Inspection Result : 03 - Minor Violations

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

#### Inspection Violations

Person in Charge

# HANDWASHING AND TOILET FACILITIES MUST BE AVAILABLE WITH CORRECT SIGNAGE - 16 47

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

Handwashing signs shall be posted in each toilet room, directing attention to the need to thoroughly wash hands after using the restroom (113953.5) (b) No smoking signs shall be posted in food preparation, food storage, warewashing, and utensil storage areas (113978). (c) Consumers shall be notified that clean tableware is to be used when they return to self-service areas such as salad bars and buffets. (d) Any food facility constructed before January 1, 2004 without public toilet facilities, shall prominently post a sign within the food facility in a public area stating that toilet facilities are not provided (113725.1, 114381 (e)).

Corrective Description:

Inspector Comments:

Sanitary paper towels and soap were noted to be lacking in bathrooms. Please replace as necessary. Employees MUST be able to wash their hands with proper sanitation. This has been noted as a previous violation. Please correct immediately.

#### ALL NONFOOD CONTACT SURFACES SHALL BE KEPT CLEAN - 16 33

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

All nonfood contact surfaces of utensils and equipment shall be clean. (114115 (c))

Corrective Description:

Inspector Comments:

Begin to get rid of old kitchen and miscellaneous equipment that is not in use to help free up space in storage areas and help with cleaning

#### DEDICATED WORKING THERMOMETER SHALL BE AVAILABLE AT ALL TIMES - 16 39

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

An accurate easily readable metal probe thermometer suitable for measuring temperature of food shall be available to the food handler. A thermometer +/- 2 øF shall be provided for each hot and cold holding unit of potentially hazardous foods and high temperature warewashing machines. (114157, 114159)

Corrective Description:

Inspector Comments:

Please obtain a working metal probe thermometer for your meat case.

# FOOD SHALL BE KEPT IN APPROVED CONTAINERS, LABELED AND STORED OFF OF FLOOR - 16 30

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

Food shall be stored in approved containers and labeled as to contents. Food shall be stored at least 6# above the floor on approved shelving. (114047, 114049, 114051, 114053, 114055, 114067(h), 114069 (b))

Corrective Description:

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## OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

| Facility Name<br>Site Address | : LOS AMIGOS TAQUERIA & MEAT MA<br>: 212 S MAIN ST  | RKET Owner Owner Address              | : LOS AMIGOS TAQU<br>: 57 ELLEN LN      | ERIA              |
|-------------------------------|---|---------------------------------------|---|-------------------|
| Inspector Con                 | nments:   |                                       |   |                   |
|                               | refrigerator, meat was found to be stored in buck<br>by to prevent cross contamination and to avoid thro  | •                                     | st be off the floor. Please correct thi | S                 |
| POTENTIALLY                   | HAZARDOUS FOODS HOLD TEMPERATURES -   | 16 7                                  | "Comply by Date" Not<br>Specified       | Not In Compliance |
| Violation Desc                | cription:   |                                       |   |                   |
| Potentially                   | hazardous foods shall be held at or below 41/450  | øF or at or above 135øF. (113996, 1   | 13998, 114037, 114343(a))               |                   |
| Corrective De                 | scription:  |                                       |   |                   |
| Inspector Con                 | nments:   |                                       |   |                   |
| unit replace                  | or unit in the back room was temped at 55 degrees<br>ed, add ice to help keep the unit inside cool. If foo<br>erature readings throughout the day and recording | d is out of temp for more than 4 hour | , ,                                     |                   |
| Overall Inspection            | on Comments   |                                       |   |                   |
|                               | ove violations. A follow up inspection will be within<br>pection fees may begin to occur. Thank you.  | 30 days to ensure compliance. If re-  | -inspection is needed after follow-սլ   | )                 |
|                               |   | ad                                    | 2 ye                                    |                   |
| Received By:                  | Date  | Amanda Young                          |   | Date              |

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name            | : LOS AMIGOS LICENSE #2E15446  | Owner                      | : LOS AMIGOS LICENSE #2E15446                    |
|--------------------------|--|----------------------------|--|
| Site Address             | : 212 S MAIN   | Owner Address              | : 57 ELLEN LN                                    |
| Facility ID              | : FA0000529  | Inspector                  | : EE0000021 - Amanda Young                       |
| Record ID                | : PR0000137  | Inspector Phone            | Not Specified                                    |
| License/Permit Number    | : 2079-16F-1   | Program:                   | 1628 - Food Vehicle Prepared Food                |
| Person in Charge         | :  | •                          | :  |
| Inspection Date          | : 9/23/2022  | Total Inspection Time      | : 30 min.  |
| Inspection Number        | : DA0010214  | •                          | 00 10 10 10                                      |
| Purpose of Inspection    | : 102 - Routine Inspection   | Result                     | : 03 - Minor Violations                          |
| Inspection Violation     | ons  |                            |  |
| POTENTIALLY HAZA         | RDOUS FOODS HOLD TEMPERATURES - 16 7   |                            | "Comply by Date" Not Not In Compliance Specified |
| Violation Descriptio     | n:   |                            |  |
| Potentially hazar        | dous foods shall be held at or below 41/ 45øF or at or ab  | ove 135øF. (113996, 113998 | s, 114037, 114343(a))                            |
| Corrective Descript      | on:  |                            |  |
| Inspector Commen         | s:   |                            |  |
| keep cool and be         | n, the prep refrigerator was temped at 52 degrees F. As a<br>egin taking thermometer readings and recording making<br>ore than 4 hours it MUST be discarded. |                            |  |
| Overall Inspection Co    |  |                            |  |
| Please record refrigerat | or temperature readings on handout provided. Thank you   | J.                         |  |
|                          |  | ale                        | SI   |
| Received By:             | Date   | Amanda Young               | Date   |
|                          |  |                            |  |

## **OFFICIAL FOOD INSPECTION REPORT**



Date

Tim Potanovic, REHS - Director

| Facility Name                           | : LOS COSTENOS RESTAURANT  | Owner                 | : ADELAIDA SOTELO AND JUAN GABRIEL SANT |
|---|--|-----------------------|---|
| Site Address                            | : 1510 SOLANO ST   | Owner Address         | : 5180 LUNING AVE                       |
| Facility ID                             | : FA0000587  | Inspector             | : EE0000005 - Tia Branton               |
| Record ID                               | : PR0000207  | Inspector Phone       | : (530) 527-8020                        |
| License/Permit Number                   | : 2187-16F-1   | Program:              | : 1623 - Restaurant <2000 Sq. Feet      |
| Person in Charge                        | :  |                       | :                                       |
| Inspection Date                         | : 9/6/2022   | Total Inspection Time | : 60 min.                               |
| Inspection Number Purpose of Inspection | : DA0010136<br>: 104 - Follow-Up Inspection  | Result                | : 01 - Meets Standards                  |
| No violations cited.                    | ons  |                       |   |
| •                                       | omments  aner! Thank you. Please keep this clean at all times. t are not being used out of restaurant completely. Th | • .                   |   |
|   |  | <i>(</i> ). r         | 3 ranton                                |

Date

Tia Branton

Received By:

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name                            | : LOS MARIACHIS                           | Owner   | : ROBERTO REYES                   |                   |
|--|---|---|-----------------------------------|-------------------|
| Site Address                             | : 604 MAIN ST                             | Owner Address   | : 12265 ANGEL CT                  |                   |
| Facility ID                              | : FA0000579                               | Inspector   | : EE0000005 - Tia Brar            | iton              |
| Record ID                                | : PR0000197                               | Inspector Phone   | : (530) 527-8020                  |                   |
| License/Permit Number                    | : 2174-16F-1                              | Program:  | : 1624 - Restaurant 20            | 000 Sq.           |
| Person in Charge                         | :   |   | : Feet-6000 Sq. Feet              |                   |
| Inspection Date                          | : 9/7/2022                                | Total Inspection Time   | : 60 min.                         |                   |
| Inspection Number                        | : DA0010146                               | Desult  | · 01 - Meets Standards            |                   |
| Purpose of Inspection                    | : 102 - Routine Inspection                | Result  | : 01 - Meets Standards            |                   |
| <ul> <li>Inspection Violation</li> </ul> | ons                                       |   |                                   |                   |
|  | CILITIES SHALL BE WORKING CORRE           | ECTLY AND HAVE TESTING  | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Descriptio                     | n:  |   |                                   |                   |
|  |   | warewashing facilities. Testing equipment and 9, 114099.3, 114099.5, 114101(a), 114101.1, | •                                 |                   |
| Corrective Descript                      | ion:                                      |   |                                   |                   |
| Inspector Comment                        | ts:                                       |   |                                   |                   |
| Please check sa                          | nitizer concentration for mechanical disl | hwasher everyday to make sure that it is worki  | ng.                               |                   |
| Overall Inspection Co                    | omments                                   |   |                                   |                   |
| Still has Taco's Cojita u                | sing storage area ect. Facility looking g | ood. Thank you .  |                                   |                   |
|  |   |   | Branton                           |                   |
| Received By:                             |   | Date Tia Branton  |                                   | Date              |

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: LINDSAY EWING

Tim Potanovic, REHS - Director

Facility Name

: MAIN STREET DELI

| Site Address   | : 2130 MAIN ST A   | Owner Address   | : 14425 VERDE HOYOS   | S CT              |
|--|--|---|---|-------------------|
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number | : FA0001157<br>: PR0001988<br>: 8532-16F-1<br>: 9/26/2022<br>: DA0010228 | Inspector Inspector Phone Program: Total Inspection Time  | : EE0000021 - Amanda<br>: Not Specified<br>: 1623 - Restaurant <2<br>:<br>: 45 min. | · ·               |
| Purpose of Inspection  | : 106 - Pre-Opening Inspection   | Result  | : 03 - Minor Violations   |                   |
| An inspe   |  | lowing violations. Please note the date for reinspe   | ection. Thank you for your co   | operation.        |
|  | CILITIES SHALL BE WORKING CORF   |   | 'Comply by Date" Not<br>Specified   | Not In Compliance |
| Violation Description  | n:   |   |   |                   |
|  |  | warewashing facilities. Testing equipment and m<br>99, 114099.3, 114099.5, 114101(a), 114101.1, 114 | •   |                   |
| Corrective Descripti   | on:  |   |   |                   |
|  | nitizer strips in order to test your sanit                               | izer concentration. Please correct immediately.   |   |                   |
| —Overall Inspection Co<br>Time to clean the inside   | mments of the microwaves; especially the top                             |   |   |                   |
| Everything else looked   | great! Thank you!  |   |   |                   |
|  |  | al  | John Son Son Son Son Son Son Son Son Son So   |                   |
| Received By:   |  | Date Amanda Young   |   | Date              |

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: MANTON GRANGE #732

Tim Potanovic, REHS - Director

: MANTON GRANGE #732

Facility Name

Received By:

| Site Address          | : 31557 FORWARD RD                          | Owner Address         | · 31557 FORWARD RD           |  |
|-----------------------|---|-----------------------|------------------------------|--|
| Facility ID           | : FA0001627                                 | Inspector             | : EE0000005 - Tia Branton    |  |
| Record ID             | : PR0003156                                 | Inspector Phone       | : (530) 527-8020             |  |
| License/Permit Number | : PT0003389                                 | Program:              | : 1650 - Approved Commercial |  |
| Person in Charge      | :   |                       | : Kitchen                    |  |
| Inspection Date       | : 9/23/2022                                 | Total Inspection Time | : 60 min.                    |  |
| Inspection Number     | : DA0010221                                 | Desuit                | · 01 - Meets Standards       |  |
| Purpose of Inspection | : 102 - Routine Inspection                  | Result                | : 01 - Meets Standards       |  |
| — Increation Violeti  | ana -                                       |                       |                              |  |
| Inspection Violati    |   |                       |                              |  |
| No violations cited.  |   |                       |                              |  |
|                       |   |                       |                              |  |
| Overall Inspection Co | omments                                     |                       |                              |  |
|                       | d for Apple Festival pie prep and misc. con | nmunity events.       |                              |  |
| , ,                   |   |                       | _                            |  |
|                       |   |                       | 3000                         |  |
|                       |   |                       | - www.ion                    |  |

Tia Branton

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name                            | : MAPLE GARDEN CHINESE RESTAURANT  | Owner                           | : WEI KANG ZHU                    |                   |
|--|--|---------------------------------|-----------------------------------|-------------------|
| Site Address                             | : 138 BELLE MILL LANDING   | Owner Address                   | : 12895 GARDENIA AVI              | Ē                 |
| Facility ID                              | · FA0000547  | Inspector                       | : EE0000021 - Amanda              | Young             |
| Record ID                                | PR0000161  | Inspector Phone                 | : Not Specified                   | 3                 |
| License/Permit Number                    | : 2123-16F-1   | Program:                        | : 1623 - Restaurant <2            | 000 Sq. Feet      |
| Person in Charge                         | :  |                                 | :                                 |                   |
| Inspection Date                          | : 9/1/2022   | Total Inspection Time           | : 45 min.                         |                   |
| Inspection Number                        | DA0010128 102 - Routine Inspection   | Result                          | : 03 - Minor Violations           |                   |
| Purpose of Inspection                    | 102 - Roddine inspection   |                                 |                                   |                   |
| An inspec                                | ction of your property revealed the following violations.  | Please note the date for reins  | pection. Thank you for your co    | operation.        |
| <ul> <li>Inspection Violation</li> </ul> | ns —   |                                 |                                   |                   |
| DEDICATED WORKIN                         | G THERMOMETER SHALL BE AVAILABLE AT ALL 1  | FIMES - 16 39                   | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description                    | :  |                                 |                                   |                   |
|  | y readable metal probe thermometer suitable for meas<br>2 øF shall be provided for each hot and cold holding ur<br>57, 114159) | - ·                             |                                   |                   |
| Corrective Description                   | on:  |                                 |                                   |                   |
| Inspector Comments Please add a there    | s:<br>mometer in the small white refrigerator.   |                                 |                                   |                   |
| FOOD SHALL BE KEF<br>FLOOR - 16 30       | PT IN APPROVED CONTAINERS, LABELED AND STO   | ORED OFF OF                     | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description                    | :  |                                 |                                   |                   |
|  | red in approved containers and labeled as to contents.<br>, 114051, 114053, 114055, 114067(h), 114069 (b))                     |                                 | 6# above the floor on approved    | shelving.         |
| Corrective Description                   | on:  |                                 |                                   |                   |
| Inspector Comments Please make sure      | s:<br>e all food is stored 6 inches above the floor on adequat   | e shelves.                      |                                   |                   |
| ALL FOOD SHALL BI                        | E SEPERATED AND PROTECTED FROM CONTAMIN  | ATION - 16 27                   | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description                    | :  |                                 |                                   |                   |
| All food shall be s<br>114077, 114089.   | reparated and protected from contamination. (113984 (1 (c), 114143 (c))  | (a, b, c, d, f), 113986, 114060 | , 114067(a, d, e, j), 114069(a, b | )),               |
| Corrective Description                   | on:  |                                 |                                   |                   |
| Inspector Comments                       |  |                                 |                                   |                   |
| Please make sure                         | e all food containers have lids to avoid possible contan   | nination.                       |                                   |                   |
| Overall Inspection Con                   |  |                                 |                                   |                   |
| mank you for continually                 | y improving and working hard to correct past violations  | •                               |                                   |                   |
|  |  |                                 |                                   |                   |
|  |  |                                 |                                   | Det-              |
| Received By:                             | Date   | Amanda Young                    |                                   | Date              |

Amanda Young

Received By:

#### OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

Person in Charge

| Facility Name | : MCDONALD'S        | Owner         | : MIKE & JULIE ROBIK |
|---------------|---------------------|---------------|----------------------|
| Site Address  | : 215 ANTELOPE BLVD | Owner Address | : 471000 CIRCLE DR   |

: FA0000589 : EE0000021 - Amanda Young Facility ID Inspector : PR0000209 Record ID Inspector Phone : Not Specified

License/Permit Number : 2191-16F-1

: 1624 - Restaurant 2000 Sq. Program:

: Feet-6000 Sq. Feet

| Inspection Date : 9/1/2022 Total Inspection Time : 45 min.  Inspection Number : DA0010126 Purpose of Inspection : 102 - Routine Inspection  Inspection Violations No violations cited.  Overall Inspection Comments Please remove dust buildup on the fan vent in the walk in refrigerator.  Everything looks great, thank you! | Everything looks grea |  |                       |                        |  |
|---|-----------------------|--|-----------------------|------------------------|--|
| Inspection Number : DA0010126 Purpose of Inspection : 102 - Routine Inspection  Inspection Violations No violations cited.  Overall Inspection Comments   |                       | t, thank you!                                      |                       |                        |  |
| Inspection Violations No violations cited.  DA0010126 Result : 01 - Meets Standards Outpose of Inspection Violations Result : 01 - Meets Standards  | Please remove dust b  | uildup on the fan vent in the walk in refrigerator | <del>.</del>          |                        |  |
| Inspection Violations  DA0010126 Result : 01 - Meets Standards  102 - Routine Inspection  | verall Inspection C   | Comments ————                                      |                       |                        |  |
| Purpose of Inspection : DA0010126  Purpose of Inspection : 102 - Routine Inspection  Result : 01 - Meets Standards  | No violations cited   | l.   |                       |                        |  |
| nspection Number : DA0010126  Result : 01 - Meets Standards   | Inspection Violat     | tions —  |                       |                        |  |
| spection Number DA0010126   | •                     | ·  | Result                | : 01 - Meets Standards |  |
|   | oection Number        | •  | ·                     | ·                      |  |
| Person in Charge : Feet-6000 Sq. Feet   | •                     | : 9/1/2022   | Total Inspection Time | 45 min.                |  |

## **OFFICIAL FOOD INSPECTION REPORT**



Date

Tim Potanovic, REHS - Director

| Facility Name                               | : MELISSA'S MEXICAN FOOD                | Owner                 | : JOSE M FELIX AISPURO              |
|---|---|-----------------------|-------------------------------------|
| Site Address                                | : 796 LAY AVE                           | Owner Address         | : 707 BEECH WAY                     |
| Facility ID                                 | : FA0001628                             | Inspector             | : EE0000005 - Tia Branton           |
| Record ID                                   | : PR0003157                             | Inspector Phone       | : (530) 527-8020                    |
| License/Permit Number                       | : PT0003390                             | Program:              | : 1628 - Food Vehicle Prepared Food |
| Person in Charge                            | :                                       |                       | :                                   |
| Inspection Date                             | : 9/13/2022                             | Total Inspection Time | : 60 min.                           |
| Inspection Number                           | : DA0010176                             | 5 "                   | 01 Mosto Standarda                  |
| Purpose of Inspection                       | : 102 - Routine Inspection              | Result                | : 01 - Meets Standards              |
| No violations cited.  Overall Inspection Co |   |                       |                                     |
| •   | eter into middle of refrigeration unit. |                       |                                     |
| Thoroughly clean arou                       | nd deep fryer                           |                       |                                     |
| Still using Vineyard Ch                     | ristian Fellowship as commissary.       |                       |                                     |
|   |   | <i>(</i> ). I         | 3 aanton                            |

Date

Tia Branton

Received By:

#### OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

Person in Charge

Facility Name : MILL CREEK RESORT Owner : MOUNTAIN MOONRISE
Site Address : 40271 HIGHWAY 172 Owner Address : 40271 HWY 172

Facility ID : FA0000592 Inspector : EE0000021 - Amanda Young

Record ID : PR0000212 Inspector Phone : Not Specified

License/Permit Number : 2195-16F-1 Program: : 1623 - Restaurant <2000 Sq. Feet

:

Inspection Date : 9/9/2022 Total Inspection Time : 15 min.

| Received By:                               | Date           | Amanda Young |                        | Date |
|--|----------------|--------------|------------------------|------|
|  |                |              |                        |      |
|  |                |              |                        |      |
|  |                |              |                        |      |
| Dining and kitchen area clean and maintain | ed. Thank you! |              |                        |      |
| Closed for the season.                     |                |              |                        |      |
| Closed for the season.                     |                |              |                        |      |
| verall Inspection Comments —               |                |              |                        |      |
|  |                |              |                        |      |
| No violations cited.                       |                |              |                        |      |
| Inspection Violations                      |                |              |                        |      |
| Increasion Violations ————                 |                |              |                        |      |
| rpose of Inspection : 102 - Routine        | Inspection     | Result       | . 01 - Weets Standards |      |
| spection Number : DA0010151                |                | Result       | : 01 - Meets Standards |      |

## **OFFICIAL FOOD INSPECTION REPORT**



Date

Tim Potanovic, REHS - Director

| Facility Name   | : NORMA JEAN'S   | Owner                 | : LYNNA GOTT                       |
|---|--|-----------------------|------------------------------------|
| Site Address  | : 18367 BOWMAN RD  | Owner Address         | : 16770 ALLEN DR                   |
| Facility ID   | : FA0000021  | Inspector             | : EE0000021 - Amanda Young         |
| Record ID   | : PR0003198  | Inspector Phone       | · Not Specified                    |
| License/Permit Number   | : PT0003434  | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge  | :  |                       | :                                  |
| Inspection Date   | 9/13/2022  | Total Inspection Time | : 60 min.                          |
| Inspection Number   | : DA0010175  | D It                  | · 01 - Meets Standards             |
| Purpose of Inspection   | : 106 - Pre-Opening Inspection   | Result                | : 01 - Meets Standards             |
| <ul> <li>Inspection Violation         No violations cited.     </li> <li>Description Compared to the properties of the prop</li></ul> |  |                       |                                    |
| •   | t. Clear to open! Thank you!   |                       |                                    |
| A.) Make sure to compl<br>B.) Add employees mu<br>C.) When storing meat,  | lete Managers Food Safety Certification prior to opening. st wash hands above hand sink in kitchen. store on the bottom rack/shelf. erators and freezers have a dedicated thermometer inside |                       |                                    |
|   |  |                       | 0 /                                |

Date

Amanda Young

Received By:

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name   | : OLIVE PIT                |      | Owner                 | : OLIVE PIT                        |
|---|----------------------------|------|-----------------------|------------------------------------|
| Site Address  | : 2156 SOLANO ST           |      | Owner Address         | : 2156 SOLA ST                     |
| Facility ID   | : FA0000600                |      | Inspector             | : EE0000021 - Amanda Young         |
| Record ID   | : PR0000222                |      | Inspector Phone       | : Not Specified                    |
| License/Permit Number   | : 2213-16F-1               |      | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge  | :                          |      | · ·                   | :                                  |
| Inspection Date   | 9/26/2022                  |      | Total Inspection Time | : 60 min.                          |
| Inspection Number   | : DA0010230                |      | Result                | · 01 - Meets Standards             |
| Purpose of Inspection   | : 102 - Routine Inspection |      | Nesuit                | : 01 Mooto etandardo               |
| Inspection Violati No violations cited.  Overall Inspection C |                            |      |                       |                                    |
| Everything looked grea  |                            |      |                       |                                    |
|   |                            |      | al                    | J.L                                |
| Received By:  |                            | Date | Amanda Young          | Date                               |

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: PABLO MARTINEZ SALGADO

Tim Potanovic, REHS - Director

: PALETERIA MARTINEZ

Facility Name

| Received By:                      |                            | Amanda Young          |                            | Date     |
|-----------------------------------|----------------------------|-----------------------|----------------------------|----------|
|                                   |                            | a a a                 | YX                         |          |
| Truck looks great. Tha            |                            |                       |                            |          |
| —Overall Inspection C             | ommonts                    |                       |                            |          |
| No violations cited               |                            |                       |                            |          |
| Inspection Violat                 | ions ————                  |                       |                            |          |
| Purpose of Inspection             | : 102 - Routine Inspection | Result                | : 01 - Meets Standards     |          |
| Inspection Date Inspection Number | : 9/23/2022<br>: DA0010212 | Total Inspection Time | : 15 min.                  |          |
| Person in Charge                  | :                          |                       | : Food Only                |          |
| License/Permit Number             | : PT0002844                | Program:              | : 1629 - Food Vehicle Prep | packaged |
| Record ID                         | : PR0002628                | Inspector Phone       | : Not Specified            |          |
| Facility ID                       | : FA0001490                | Inspector             | : EE0000021 - Amanda You   | ing      |
| Site Address                      | : 1122 BUTTE 51 2          | Owner Address         | · 1948 ELIZABETH AVE       |          |

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: LAWRENCE E YOUNG JR

Tim Potanovic, REHS - Director

: PAYNES CREEK STORE & TAVERN

Facility Name

Received By:

| Site Address   | : 29791 PAYNES CREEK LOOP                                | Owner Address                            | : 2922 LONGVIEW RD  |
|--|--|--|---|
| Facility ID Record ID License/Permit Number Person in Charge | : FA0000607<br>: PR0000230<br>: 2224-16F-1               | Inspector<br>Inspector Phone<br>Program: | <ul> <li>: EE0000005 - Tia Branton</li> <li>: (530) 527-8020</li> <li>: 1614 - Retail Market&lt;6000 Sq. Feet</li> <li>: No Prep</li> </ul> |
| Inspection Date Inspection Number Purpose of Inspection      | : 9/12/2022<br>: DA0010166<br>: 102 - Routine Inspection | Total Inspection Time<br>Result          | : 60 min. : 01 - Meets Standards  |
| No violations cited.   |  |  |   |
| ─Overall Inspection Co<br>No violations noted.               | mments   | <i></i>                                  | 3 aanton  |

Date

Tia Branton

#### OFFICIAL FOOD INSPECTION REPORT

Owner

Owner Address

Tia Branton



: PLUM VALLEY ELEM SCHOOL

: 29950 PLUM CREEK RD

J. Branton

Tim Potanovic, REHS - Director

Facility looks great. Thank you Carmen!

: PLUM VALLEY ELEM SCHOOL

29950 PLUM CREEK ROAD

Facility Name

Site Address

Received By:

: EE0000005 - Tia Branton FA0000687 Facility ID Inspector PR0000343 (530) 527-8020 Record ID Inspector Phone 2388-16F-1 : 1635 - School Cafeteria/Senior License/Permit Number Program: Person in Charge : Program Inspection Date 9/9/2022 Total Inspection Time : 60 min. : DA0010168 Inspection Number : 01 - Meets Standards Result 102 - Routine Inspection Purpose of Inspection Inspection Violations No violations cited. Overall Inspection Comments

Date

5198.rpt rev1 12-12-2014

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: PUMPKINLAND

Tim Potanovic, REHS - Director

: PUMPKINLAND

Facility Name

Received By:

| Site Address                                 | : 12000 HIGHWAY 99 E                          | Owner Address         | : 12000 HIGHWAY 99                   |
|--|---|-----------------------|--------------------------------------|
| Facility ID                                  | : FA0000805                                   | Inspector             | : EE0000021 - Amanda Young           |
| Record ID                                    | : PR0000588                                   | Inspector Phone       | : Not Specified                      |
| License/Permit Number                        | : 5153-16F-1                                  | Program:              | : 1614 - Retail Market<6000 Sq. Feet |
| Person in Charge                             | :   |                       | : No Prep                            |
| Inspection Date                              | : 9/22/2022                                   | Total Inspection Time | : 60 min.                            |
| Inspection Number                            | : DA0010211                                   | D H                   | · 01 - Meets Standards               |
| Purpose of Inspection                        | : 102 - Routine Inspection                    | Result                | : 01 - Meets Standards               |
| No violations cited.  Toverall Inspection Co |   |                       |                                      |
| •  |   |                       |                                      |
| Ç  | ers Food Handlers Certificate within 60 days. |                       |                                      |

Date

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name<br>Site Address  | : RED BLUFFAM/PM<br>: 2800 MAIN St   | Owner Owner Address             | : LOVEDEEP SINGH<br>: 2800 MAIN ST   |
|--|--|---------------------------------|--|
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number Purpose of Inspection | : FA0001118<br>: PR0001890<br>: 8470-16F-1<br>:<br>: 9/8/2022<br>: DA0010145<br>: 102 - Routine Inspection | Program:  Total Inspection Time | : EE0000021 - Amanda Young : Not Specified : 1617 - Retail Market <6000 Sq Feet : 1 Prep Area : 30 min. : 01 - Meets Standards |
| Inspection Violation No violations cited.  |  |                                 |  |
| <b>─Overall Inspection Co</b> Everything looked great  |  |                                 |  |

Date

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: RED BLUFF COMMUNITY CENTER

Tim Potanovic, REHS - Director

: RED BLUFF COMMUNITY CENTER

Facility Name

Received By:

| Site Address   | : 1500 S JACKSON ST                                      | Owner Address                  | : 1500 JACKSON ST              |
|--|--|--------------------------------|--------------------------------|
| Facility ID  | : FA0000620  | Inspector                      | : EE0000021 - Amanda Young     |
| Record ID  | : PR0002777  | Inspector Phone                | : Not Specified                |
| License/Permit Number  | : PT0002999  | Program:                       | : 1650 - Approved Commercial   |
| Person in Charge   | :  |                                | : Kitchen                      |
| Inspection Date  | 9/23/2022  | Total Inspection Time          | : 45 min.                      |
| Inspection Number  | : DA0010218  | Decult                         | · 01 - Meets Standards         |
| Purpose of Inspection  | : 102 - Routine Inspection                               | Result                         | : 01 - Meets Standards         |
| Inspection Violation     No violations cited.  Overall Inspection Co |  |                                |                                |
| •  | e of the microwave. Please let people/employees/business | es know that the microwave sho | ould be cleaned after each use |
|  |  |                                |                                |
| Everything else was ve   | ry clean, thank you!                                     |                                |                                |
|  |  | ale                            | J.L                            |

Date

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name<br>Site Address  | : RED BLUFF SENIOR LIVING<br>: 750 DAVID AVE              | Owner Owner Address                                       | : TITAN SENQUEST<br>: 1230 ROSECRANS AVE 405   |
|--|---|---|--|
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date | : FA0000650<br>: PR0000295<br>: 2306-16F-1<br>: 9/12/2022 | Inspector Inspector Phone Program:  Total Inspection Time | <ul> <li>EE0000021 - Amanda Young</li> <li>Not Specified</li> <li>1624 - Restaurant 2000 Sq.</li> <li>Feet-6000 Sq. Feet</li> <li>45 min.</li> </ul> |
| Inspection Number Purpose of Inspection                                      | : DA0010164<br>: 102 - Routine Inspection                 | Result  | : 01 - Meets Standards   |
| No violations cited.   |   |   |  |
| <b>─Overall Inspection Co</b><br>Everything looked great                     | mments and staff were very helpful. Thank you!            | a.Q.  | ScL .  |

Date

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: THRIFTY, PAYLESS INC.

Tim Potanovic, REHS - Director

Facility Name

: RITE AID #6188

| Site Address                               | : 640 EDITH Ave            |      | Owner Address         | 2224 FAIR OAKS BLVD                  |
|--|----------------------------|------|-----------------------|--------------------------------------|
| Facility ID                                | : FA0000628                |      | Inspector             | : EE0000021 - Amanda Young           |
| Record ID                                  | : PR0000263                |      | Inspector Phone       | : Not Specified                      |
| License/Permit Number                      | : 2263-16F-1               |      | Program:              | : 1617 - Retail Market <6000 Sq Feet |
| Person in Charge                           | :                          |      |                       | : 1 Prep Area                        |
| Inspection Date                            | : 9/14/2022                |      | Total Inspection Time | : 45 min.                            |
| Inspection Number                          | : DA0010183                |      | Desuit                | · 01 - Meets Standards               |
| Purpose of Inspection                      | : 102 - Routine Inspection |      | Result                | : 01 - Meets Standards               |
| No violations cited.  Overall Inspection C |                            |      |                       |                                      |
| Everything looks great                     |                            |      |                       |                                      |
|  |                            |      | ali                   | J.L                                  |
| Received By:                               |                            | Date | Amanda Young          | Date                                 |

## **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

| Facility Name          | : SAFEWAY 2295             |      | Owner                 | : SAFEWAY, INC.                       |  |
|------------------------|----------------------------|------|-----------------------|---------------------------------------|--|
| Site Address           | : 600 EDITH AVE            |      | Owner Address         | : 14841 BLACK CANYON HWY              |  |
| Facility ID            | : FA0000634                |      | Inspector             | EE0000021 - Amanda Young              |  |
| Record ID              | : PR0000270                |      | Inspector Phone       | : Not Specified                       |  |
| License/Permit Number  | : 2271-16F-1               |      | Program:              | : 1622 - Retail Market >15K Sq Feet 3 |  |
| Person in Charge       | :                          |      |                       | : Prep                                |  |
| Inspection Date        | : 9/14/2022                |      | Total Inspection Time | : 90 min.                             |  |
| Inspection Number      | : DA0010184                |      | ·                     | · 01 - Meets Standards                |  |
| Purpose of Inspection  | : 102 - Routine Inspection |      | Result                | : 01 - Meets Standards                |  |
| No violations cited    |                            |      |                       |                                       |  |
| Overall Inspection C   |                            |      |                       |                                       |  |
| Everything looks great | , tnank you!               |      |                       |                                       |  |
| Meat department was    | very clean.                |      |                       |                                       |  |
|                        |                            |      | adr                   | Y                                     |  |
| Received By:           |                            | Date | Amanda Young          | Date                                  |  |

## **OFFICIAL FOOD INSPECTION REPORT**



Date

Tim Potanovic, REHS - Director

| Facility Name<br>Site Address  | : SAINT BERNARD LODGE<br>: 44801 HIGHWAY 36 E                                | Owner Owner Address                            | : SAINT BERNARD LODGE<br>: 44801 HIGHWAY 36   |
|--|--|--|---|
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number | : FA0000639<br>: PR0000278<br>: 2282-16F-1<br>:<br>: 9/9/2022<br>: DA0010157 | Inspector Phone Program: Total Inspection Time | EE0000021 - Amanda Young Not Specified 1623 - Restaurant <2000 Sq. Feet  45 min. 01 - Meets Standards |
| Purpose of Inspection  | : 102 - Routine Inspection   | Result   | 01 - Meets Standards  |
| No violations cited.   | ons  |  |   |
| Overall Inspection Co  |  |  |   |

Date

Amanda Young

Received By:

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: CHERI KIMBERLIN

Tim Potanovic, REHS - Director

Facility Name

Received By:

: SIP COFFEE BAR

| Site Address  | 905 WALNUT ST                        | Owner Address         | : 10848 CODY DR                    |
|---|--------------------------------------|-----------------------|------------------------------------|
| Facility ID   | : FA0000651                          | Inspector             | : EE0000005 - Tia Branton          |
| Record ID   | : PR0000296                          | Inspector Phone       | : (530) 527-8020                   |
| License/Permit Number   | : 2308-16F-1                         | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge  | :                                    |                       | :                                  |
| Inspection Date   | : 9/13/2022                          | Total Inspection Time | : 60 min.                          |
| Inspection Number   | : DA0010177                          | D. with               | : 01 - Meets Standards             |
| Purpose of Inspection   | : 102 - Routine Inspection           | Result                | : 01 - Meets Standards             |
| <ul> <li>Inspection Violation         No violations cited.     </li> <li>Description Compared to the properties of the prop</li></ul> |                                      |                       |                                    |
| Facility very clean. The  |                                      |                       |                                    |
| r domity very oledn. The  | ank you.                             |                       |                                    |
| Keep keep food handle   | r/managers certificates in facility. |                       |                                    |
|   |                                      | <i>(</i> ).           | 3 aanton                           |

Date

Tia Branton

## **OFFICIAL FOOD INSPECTION REPORT**

Owner



: JEFF FARRER

Tim Potanovic, REHS - Director

: STARBUCKS COFFEE #6639

Facility Name

| Site Address  | : 1058 S MAIN ST           |      | Owner Address         | : 2550 LAKECREST DR                |
|---|----------------------------|------|-----------------------|------------------------------------|
| Facility ID   | : FA0000641                |      | Inspector             | EE0000021 - Amanda Young           |
| Record ID   | : PR0000282                |      | Inspector Phone       | : Not Specified                    |
| License/Permit Number   | : 2286-16F-1               |      | Program:              | : 1623 - Restaurant <2000 Sq. Feet |
| Person in Charge  | :                          |      |                       | :                                  |
| Inspection Date   | : 9/21/2022                |      | Total Inspection Time | : 45 min.                          |
| Inspection Number   | : DA0010201                |      |                       | O4 Marks Okaradanda                |
| Purpose of Inspection   | : 102 - Routine Inspection |      | Result                | : 01 - Meets Standards             |
| Inspection Violate  No violations cited  Overall Inspection C |                            |      |                       |                                    |
| Everything looked great                                       |                            |      |                       |                                    |
|   |                            |      | adr                   | St.                                |
| Received By:  |                            | Date | Amanda Young          | Date                               |

# OFFICIAL FOOD INSPECTION REPORT

Owner



: SUNNYSIDE MARKET

Tim Potanovic, REHS - Director

: SUNNYSIDE MARKET

Facility Name

Received By:

| Site Address                             | : 1202 PARK AVE            | Owner Address         | : 1202 PARK AVE                      |
|--|----------------------------|-----------------------|--------------------------------------|
| Facility ID                              | : FA0000644                | Inspector             | : EE0000005 - Tia Branton            |
| Record ID                                | : PR0000285                | Inspector Phone       | : (530) 527-8020                     |
| License/Permit Number                    | : 2290-16F-1               | Program:              | : 1614 - Retail Market<6000 Sq. Feet |
| Person in Charge                         | :                          |                       | : No Prep                            |
| Inspection Date                          | : 9/13/2022                | Total Inspection Time | : 30 min.                            |
| Inspection Number                        | : DA0010178                | D II                  | · 01 - Meets Standards               |
| Purpose of Inspection                    | : 102 - Routine Inspection | Result                | : 01 - Meets Standards               |
| <ul> <li>Inspection Violation</li> </ul> | one —                      |                       |                                      |
| No violations cited.                     | uns                        |                       |                                      |
| 140 Violations dited.                    |                            |                       |                                      |
|  |                            |                       |                                      |
| Overall Inspection Co                    | omments                    |                       |                                      |
| Restroom very old. Ma                    | y be time to remodel.      |                       |                                      |
|  |                            | /) r                  | 7                                    |
|  |                            |                       | 3 ranton                             |

Date

Tia Branton

#### OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

SUNSHINE FOOD AND GAS : GURDEV SINGH & BAL KAUR **Facility Name** Owner

22700 ANTELOPE Blvd : 22700 ANTELOPE BLVD Site Address Owner Address

Facility ID FA0000992 Inspector : EE0000021 - Amanda Young

PR0001287 Record ID Inspector Phone · Not Specified

: 7076-16F-1 License/Permit Number Program: : 1617 - Retail Market <6000 Sq Feet

: 1 Prep Area

Inspection Date 9/22/2022 Total Inspection Time : 45 min.

DA0010210 Inspection Number

: 03 - Minor Violations Result 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

Person in Charge

#### **ALL VENTILATION SHALL MEET REQUIREMENTS - 16 38B**

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

Exhaust hoods shall be provided to remove toxic gases, heat. grease, vapors and smoke and be approved by the local building department. Canopy-type hoods shall extend 6# beyond all cooking equipment. All areas shall have sufficient ventilation to facilitate proper food storage. Toilet rooms shall be vented to the outside air by a screened openable window, an air shaft, or a light-switch activated exhaust fan, consistent with local building codes. (114149, 114149.1)

Corrective Description:

Inspector Comments:

Time to the clean the hood in the kitchen. Very dirty with lots of food buildup. Please have serviced within 30 days of inspection date.

Not In Compliance **FOOD TRAINING - 16 1** "Comply by Date" Not

Specified

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 have food trainings printed out or in a spot where all employees know the location. Have all employees who handle food obtain a Food Handlers Training Certificate within 60 days of inspection date and a Managers Food Safety Certificate within 60 days of inspection date.

ALL FOOD CONTACT SURFACES SHALL BE KEPT CLEANED AND SANITIZED - 16 14

"Comply by Date" Not

Not In Compliance

Specified

Violation Description:

All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(e), 114097, 114099.1, 114099.4, 114099.6, 114101 (b-d), 114105, 114109, 114111, 114113, 114115 (a, b, d), 114117, 114125(b), 114141)

Corrective Description:

Inspector Comments:

Time to clean the cappuccino machine. During inspection it was noted that there was a buildup of food debris inside the machine. Please begin to increase frequency of cleaning.

#### Overall Inspection Comments

## OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

| Facility Name<br>Site Address | : SUNSHINE FOOD AND GAS<br>: 22700 ANTELOPE Blvd |      | Owner<br>Owner Address | : GURDEV SINGH & BAL KAUR<br>: 22700 ANTELOPE BLVD |      |
|-------------------------------|--|------|------------------------|--|------|
|                               |  |      | ale                    | JJ.  |      |
| Received By:                  |  | Date | Amanda Young           |  | Date |

## **OFFICIAL FOOD INSPECTION REPORT**

Owner

Owner Address



: J A SUTHERLAND INC

: 182 MAIN ST

Tim Potanovic, REHS - Director

Facility Name

Site Address

: TACO BELL

: 2189 SOLANO ST

| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number Purpose of Inspection | : FA0000646<br>: PR0000287<br>: 2296-16F-1<br>:<br>: 9/14/2022<br>: DA0010185<br>: 102 - Routine Inspection | Inspector Inspector Phone Program:  Total Inspection Time Result | : EE0000021 - Amanda : Not Specified : 1624 - Restaurant 20 : Feet-6000 Sq. Feet : 45 min. : 03 - Minor Violations | · ·               |
|--|---|--|--|-------------------|
| An inspe   | ection of your property revealed the following violati  | ions. Please note the date for reins                             | pection. Thank you for your co   | operation.        |
| <ul> <li>Inspection Violation</li> </ul>   | ons   |  |  |                   |
|  |   |  |  |                   |
| ALL NONFOOD CON  | TACT SURFACES SHALL BE KEPT CLEAN - 16  | 33   | "Comply by Date" Not<br>Specified  | Not In Compliance |
| Violation Descriptio   | n:  |  |  |                   |
| All nonfood cont   | act surfaces of utensils and equipment shall be cle   | an. (114115 (c))   |  |                   |
| Corrective Descript  | ion:  |  |  |                   |
| Inspector Comment<br>Heat cabinet rac  | ts:<br>ks are dirty with food debris buildup. Racks shall b   | e cleaned and well maintained.                                   |  |                   |
| Overall Inspection Co  |   |  |  |                   |
| Thank you for correctin  | g past violations. Everything is looking much better  | r!   |  |                   |
| Staff were very helpful,   | thank you!  |  |  |                   |
|  |   | ale  | SI   |                   |
| Received By:   | Date  | Amanda Young   |  | Date              |
|  |   |  |  |                   |

# **OFFICIAL FOOD INSPECTION REPORT**



Date

Tim Potanovic, REHS - Director

|  | TACOC COTUA FOOD TRUCK   |  | LALIDA MENDOZA  |                   |
|--|--|--|---|-------------------|
| Facility Name  | : TACOS COTIJA FOOD TRUCK : 215 S. MAIN ST   | Owner  | : LAURA MENDOZA   |                   |
| Site Address   | : 215 5. MAIN 51   | Owner Address  | : PO BOX 594  |                   |
| Facility ID  | : FA0001507  | Inspector  | : EE0000005 - Tia Branto  | on                |
| Record ID  | : PR0002657  | Inspector Phone  | : (530) 527-8020  |                   |
| License/Permit Number                                    | : PT0002875  | Program:   | : 1628 - Food Vehicle Pr  | repared Food      |
| Person in Charge   | :  |  | :   |                   |
| Inspection Date  | : 9/7/2022   | Total Inspection Time                                      | : 60 min.   |                   |
| Inspection Number  | : DA0010143  | Decult   | · 01 - Meets Standards  |                   |
| Purpose of Inspection                                    | : 102 - Routine Inspection   | Result   | : 01 - Meets Standards  |                   |
| An inspection Violation                                  | ection of your property revealed the following violations. F   | Please note the date for reins                             | pection. Thank you for your coo   | peration.         |
| POTENTIALLY HAZA   | ARDOUS FOODS HOLD TEMPERATURES - 16 7  |  | "Comply by Date" Not<br>Specified                                       | Not In Compliance |
| Violation Descriptio                                     | n:   |  |   |                   |
| Potentially hazar  | dous foods shall be held at or below 41/ 45øF or at or ab  | ove 135øF. (113996, 113998                                 | 3, 114037, 114343(a))   |                   |
| Corrective Descript                                      | ion:   |  |   |                   |
| Inspector Comment<br>Please maintain                     | ts:<br>temperature log of all refrigeration units at a minimum of  | 2x per day.  |   |                   |
| HANDWASHING AND<br>- 16 47                               | O TOILET FACILITIES MUST BE AVAILABLE WITH COR   | RRECT SIGNAGE  | "Comply by Date" Not<br>Specified                                       | Not In Compliance |
| Violation Descriptio                                     | n:   |  |   |                   |
| (113953.5) (b) N<br>Consumers shal<br>food facility cons | gns shall be posted in each toilet room, directing attention to smoking signs shall be posted in food preparation, food I be notified that clean tableware is to be used when they structed before January 1, 2004 without public toilet facilities are not provided (113725.1, 114381 (e)). | d storage, warewashing, and return to self-service areas s | utensil storage areas (113978). (<br>such as salad bars and buffets. (o | (c)<br>d) Any     |
| Corrective Descript                                      | ion:   |  |   |                   |
| Inspector Comment<br>Please keep har                     | ts:<br>nd washing sink open so it is available for use.  |  |   |                   |
|  | ne Stop across street for restroom when Bob's Tire is not rature logs as discussed.  |  | Baanton   |                   |
|  |  | <i>C</i>   | - warron  |                   |

Tia Branton

Received By:

# **OFFICIAL FOOD INSPECTION REPORT**



Date

Tim Potanovic, REHS - Director

| Facility Name  | : TACO EL DORADO                              | Owner   | : RAPHIELY SARAHI                 | ANAYA AGUILAR     |  |  |
|--|---|---|-----------------------------------|-------------------|--|--|
| Site Address   | : 951 HWY 99W                                 | Owner Address   | : 951 HWY 99W                     |                   |  |  |
| Facility ID  | : FA0001641                                   | Inspector   | · EE0000005 - Tia Brar            | nton              |  |  |
| Record ID  | PR0003179                                     | Inspector Phone   | : (530) 527-8020                  |                   |  |  |
| License/Permit Number  | : PT0003412                                   | Program:  | : 1628 - Food Vehicle             | Prepared Food     |  |  |
| Person in Charge   | :   |   | :                                 | •                 |  |  |
| Inspection Date  | : 9/22/2022                                   | Total Inspection Time   | : 60 min.                         |                   |  |  |
| Inspection Number  | : DA0010220                                   | D!!   | · 01 - Meets Standards            |                   |  |  |
| Purpose of Inspection  | : 102 - Routine Inspection                    | Result  | : 01 - Meets Standards            |                   |  |  |
| An inspec  | ction of your property revealed the following | violations. Please note the date for reins                        | spection. Thank you for your co   | ooperation.       |  |  |
| MOBILE SIGNAGE - 1   | 6 39B   |   | "Comply by Date" Not<br>Specified | Not In Compliance |  |  |
| Violation Description  | ):  |   |                                   |                   |  |  |
| permittee, if differ legible, clearly vis consumer side of unit. (114299) (Letters and numb less than one incl contrast with its b facilities and mobidentification on to  |   | be<br>d on the<br>oport<br>least 3 inches high.<br>ot be<br>shall |                                   |                   |  |  |
| Corrective Description   | on:   |   |                                   |                   |  |  |
| Inspector Comments   | 3.  |   |                                   |                   |  |  |
| ALL UTENCILS AND E   | EQUIPMENT SHALL BE APPROVED, AND              | FUNCTIONING PROPERLY -  | "Comply by Date" Not<br>Specified | Not In Compliance |  |  |
| Violation Description  | r.  |   |                                   |                   |  |  |
| All utensils and equipment shall be fully operative and in good repair. (114175) All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114132, 114133, 114137, 114139, 114153, 114155, 114165, 114167, 114169, 114177, 114180, 114182) |   |   |                                   |                   |  |  |
| Corrective Description:  |   |   |                                   |                   |  |  |
| Inspector Comments: All equipment must be Commercial Grade (ANSI/NSF ect). No home deep fryer.   |   |   |                                   |                   |  |  |
| Overall Inspection Con<br>Shallow pan with ice for   | mments non perishable condiments okay.        |   |                                   |                   |  |  |
| Commissary is Condor Peruvian Market.  |   |   |                                   |                   |  |  |
|  |   |   | Branton                           |                   |  |  |

Tia Branton

Date

Received By:

# **OFFICIAL FOOD INSPECTION REPORT**



: TA OPERATING LLC

Tim Potanovic, REHS - Director

Facility Name

| Site Address           | : 2151 SOUTH AVE   | Owr  | ner Address        | : P O BOX 451100                     |  |
|------------------------|--|------|--------------------|--------------------------------------|--|
| Facility ID            | : FA0000611  | Insp | ector              | : EE0000021 - Amanda Young           |  |
| Record ID              | : PR0000235  | Insp | ector Phone        | : Not Specified                      |  |
| License/Permit Number  | : 2228-16F-2   | Prog | gram:              | : 1617 - Retail Market <6000 Sq Feet |  |
| Person in Charge       | :  |      |                    | : 1 Prep Area                        |  |
| Inspection Date        | : 9/8/2022   | Tota | al Inspection Time | : 45 min.                            |  |
| Inspection Number      | : DA0010149  | _    |                    | O4 Masta Ctandanda                   |  |
| Purpose of Inspection  | : 102 - Routine Inspection                                 | Res  | ult                | : 01 - Meets Standards               |  |
| No violations cited.   |  |      |                    |                                      |  |
| Overall Inspection Co  | o <b>mments</b><br>at and staff was very helpful. Thank yo | nl   |                    |                                      |  |
| Everyaming looked gree | icana san was very neipia. Manik ye                        | u:   |                    |                                      |  |
| Received By:           |  | Date | Amanda Young       | Date                                 |  |

: FUEL ISLAND STORE/TRAVEL CENTERS OF AME Owner

# **OFFICIAL FOOD INSPECTION REPORT**



: TA OPERATING LLC

Tim Potanovic, REHS - Director

Facility Name : TRUCKER STORE/TRAVEL CENTERS OF AMERIC Owner

| Site Address          | : 2151 SOUTH AVE           |      | Owner Address         | : P O BOX 451100                     |
|-----------------------|----------------------------|------|-----------------------|--------------------------------------|
| Facility ID           | : FA0000612                |      | Inspector             | : EE0000021 - Amanda Young           |
| Record ID             | : PR0000236                |      | Inspector Phone       | : Not Specified                      |
| License/Permit Number | : 2229-16F-3               |      | Program:              | : 1617 - Retail Market <6000 Sq Feet |
| Person in Charge      | :                          |      |                       | : 1 Prep Area                        |
| Inspection Date       | : 9/8/2022                 |      | Total Inspection Time | : 45 min.                            |
| Inspection Number     | : DA0010148                |      | 5 "                   | 01 Mosta Standarda                   |
| Purpose of Inspection | : 102 - Routine Inspection |      | Result                | : 01 - Meets Standards               |
| No violations cited   |                            |      |                       |                                      |
| —Overall Inspection C | omments                    |      |                       |                                      |
|                       |                            |      |                       |                                      |
|                       |                            |      |                       |                                      |
| Received By:          |                            | Date | Amanda Young          | Date                                 |
|                       |                            |      |                       |                                      |

# **OFFICIAL FOOD INSPECTION REPORT**



Tim Potanovic, REHS - Director

Received By:

| Facility Name                            | :    | TEHAMA COUNTY FAIRGROUNDS LABOR CAMP  | Owner                 |   | : ANTONIO GUITIERREZ               |
|--|------|---------------------------------------|-----------------------|---|------------------------------------|
| Site Address                             | :    | 650 ANTELOPE BLVD                     | Owner Address         |   | : PO BOX 70                        |
| Facility ID                              | :    | FA0001629                             | Inspector             |   | : EE0000005 - Tia Branton          |
| Record ID                                | :    | PR0003162                             | Inspector Phone       | : | (530) 527-8020                     |
| License/Permit Number                    | :    | PT0003395                             | Program:              |   | : 1625 - Restaurant >6000 Sq. Feet |
| Person in Charge                         | :    |                                       | Ū                     |   | :                                  |
| Inspection Date                          | :    | 9/15/2022                             | Total Inspection Time |   | : 60 min.                          |
| Inspection Number                        | :    | DA0010188                             |                       |   | O4 Manta Chandanda                 |
| Purpose of Inspection                    | :    | 106 - Pre-Opening Inspection          | Result                | : | 01 - Meets Standards               |
|  |      |                                       |                       |   |                                    |
| <ul> <li>Inspection Violation</li> </ul> | ons  | · · · · · · · · · · · · · · · · · · · |                       |   |                                    |
| No violations cited.                     |      |                                       |                       |   |                                    |
|  |      |                                       |                       |   |                                    |
|  |      |                                       |                       |   |                                    |
| Overall Inspection Co                    | mı   | ments                                 |                       |   |                                    |
| Facility okay to open fo                 | r se | easonal labor camp.                   |                       |   |                                    |
| Please log temperature                   | s b  | efore serving as discussed.           |                       |   |                                    |
|  |      |                                       | /)                    | n | 1                                  |
|  |      |                                       |                       |   | Ranton                             |
|  |      |                                       |                       |   |                                    |

Date

Tia Branton

# OFFICIAL INSPECTION REPORT



Date

Tim Potanovic, REHS - Director

| Site Address : 1790 WALNUT ST Owner Address : P O BOX 99  Facility ID : FA0000700 Inspector : EE000021 - Amanda Young Record ID : PR0000357 Inspector Phone : Not Specified License/Permit Number : 2903-24H-1 Program: : 2412 - Detention Facility Person in Charge : : : Inspection Date : 9/2/2022 Total Inspection Time : 60 min. Inspection Number : DA0010129 Purpose of Inspection : 102 - Routine Inspection  Inspection Violations No violations cited.  Overall Inspection Comments  The freezer is still icing over badly. Clean as necessary until freezer is fixed or replaced.  The facility was very clean and organized. Thank you. | Fac     | cility Name              | :   | TEHAMA COUNTY JUVENILE JUSTICE CENTER | Owner                 | : | TEHAMA COUNTY JUVENILE JUSTICE CENTE |
|---|---------|--------------------------|-----|---------------------------------------|-----------------------|---|--------------------------------------|
| Record ID : PR0000357   | Site    | e Address                | :   | 1790 WALNUT ST                        | Owner Address         | : | P O BOX 99                           |
| License/Permit Number : 2903-24H-1 Program: : 2412 - Detention Facility  Person in Charge : : : : : : : : : : : : : : : : : : :   | Fac     | cility ID                | :   | FA0000700                             | Inspector             | : | EE0000021 - Amanda Young             |
| Person in Charge : : : : : : : : : : : : : : : : : : :  | Red     | cord ID                  | :   | PR0000357                             | Inspector Phone       | : | Not Specified                        |
| Inspection Date : 9/2/2022 Total Inspection Time : 60 min. Inspection Number : DA0010129 Purpose of Inspection : 102 - Routine Inspection  Inspection Violations No violations cited.  Overall Inspection Comments The freezer is still icing over badly. Clean as necessary until freezer is fixed or replaced.  | Lice    | ense/Permit Number       | :   | 2903-24H-1                            | Program:              | : | 2412 - Detention Facility            |
| Inspection Number : DA0010129 Purpose of Inspection : 102 - Routine Inspection  Inspection Violations No violations cited.  Overall Inspection Comments The freezer is still icing over badly. Clean as necessary until freezer is fixed or replaced.   | Per     | son in Charge            | :   |                                       |                       | : |                                      |
| Purpose of Inspection : 102 - Routine Inspection  Inspection Violations No violations cited.  Overall Inspection Comments The freezer is still icing over badly. Clean as necessary until freezer is fixed or replaced.   | Insp    | pection Date             | :   | 9/2/2022                              | Total Inspection Time | : | 60 min.                              |
| Overall Inspection Comments  The freezer is still icing over badly. Clean as necessary until freezer is fixed or replaced.  |         |                          |     |                                       | Result                | : | 01 - Meets Standards                 |
| The freezer is still icing over badly. Clean as necessary until freezer is fixed or replaced.   | —<br>—o | No violations cited.     |     |                                       |                       |   |                                      |
| The facility was very clean and organized. Thank you.   |         | •                        |     |                                       | placed.               |   |                                      |
|   | T       | The facility was very cl | ean | and organized. Thank you.             |                       |   |                                      |
|   |         |                          |     |                                       |                       |   |                                      |

Date

Amanda Young

Received By:

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: ADAM STEVER

Tim Potanovic, REHS - Director

: THE KITCHEN AT HARVEY'S

Facility Name

Received By:

| Site Address  | 9975 HWY 99W                   | Owner Address         | : 25091 GRANT ST                   |  |  |
|---|--------------------------------|-----------------------|------------------------------------|--|--|
| Facility ID   | : FA0001653                    | Inspector             | : EE0000005 - Tia Branton          |  |  |
| Record ID   | : PR0003204                    | Inspector Phone       | : (530) 527-8020                   |  |  |
| License/Permit Number   | : PT0003440                    | Program:              | : 1623 - Restaurant <2000 Sq. Feet |  |  |
| Person in Charge  | :                              |                       | :                                  |  |  |
| Inspection Date   | : 9/2/2022                     | Total Inspection Time | : 60 min.                          |  |  |
| Inspection Number   | : DA0010135                    | Result                | · 01 - Meets Standards             |  |  |
| Purpose of Inspection   | : 106 - Pre-Opening Inspection | rtodit                |                                    |  |  |
| Inspection Violations No violations cited.  Overall Inspection Comments |                                |                       |                                    |  |  |
| Facility looks good. Ok   |                                | <i>∠</i> ).           | 3 ranton                           |  |  |

Date

Tia Branton

# **OFFICIAL FOOD INSPECTION REPORT**

Owner

Owner Address



: JESUS BARRERA

: 516 A ST

Tim Potanovic, REHS - Director

Facility Name

Site Address

: TOY ICE CREAM

: 516 A ST

|                         |                                      |     |  | Date                              |
|-------------------------|--------------------------------------|-----|--|-----------------------------------|
|                         |                                      |     | adr  | GL.                               |
| Truck looks great and v | very clean. Thank you for your time. |     |  |                                   |
| —Overall Inspection Co  | ommonts                              |     |  |                                   |
| No violations cited.    |                                      |     |  |                                   |
| Inspection Violati      | ons —                                |     |  |                                   |
| Purpose of Inspection   | : 102 - Routine Inspection           | NG: | , and the second |                                   |
| Inspection Number       | : DA0010194                          | Re  | sult   | · 01 - Meets Standards            |
| Inspection Date         | : 9/20/2022                          | Tot | al Inspection Time   | : 15 min.                         |
| Person in Charge        | :                                    |     |  | : Food Only                       |
| License/Permit Number   | : PT0002874                          | Pro | gram:  | : 1629 - Food Vehicle Prepackaged |
| Record ID               | : PR0002656                          | · · | pector Phone   | : Not Specified                   |
| Facility ID             | : FA0001506                          | Ins | pector   | : EE0000021 - Amanda Young        |

## OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

License/Permit Number : 2379-16F-1

Person in Charge

| C:4- A-1-1 73      | 31 MAIN ST 1A          | O A -1-1 |   | 40045 DEED O |
|--------------------|------------------------|----------|---|--------------|
| Facility Name : TF | REMONT CAFE & CREAMERY | Owner    | : | LAURIE HILL  |

: 731 MAIN ST 1A : 19615 DEER CREEK ROAD Site Address Owner Address

: EE0000005 - Tia Branton : FA0000682 Facility ID Inspector

: PR0000335 Record ID : (530) 527-8020 Inspector Phone

> : 1624 - Restaurant 2000 Sq. Program:

: Feet-6000 Sq. Feet

Total Inspection Time Inspection Date : 9/26/2022 : 60 min. : DA0010229

Inspection Number : 01 - Meets Standards Result

| Purpose of Inspection : 102 - Routine Ins       | pection           |              |      |
|---|-------------------|--------------|------|
| Inspection Violations                           |                   |              |      |
| No violations cited.                            |                   |              |      |
|   |                   |              |      |
| Overall Inspection Comments                     |                   |              |      |
| Facility looks good. Ice machine cleaned at tin | ne of inspection. |              |      |
|   |                   | /1 p         | 1    |
|   |                   | A. Bran      | ton  |
|   |                   | Ti- Durinten | Date |
| Received By:                                    | Date              | Tia Branton  | Date |

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: KENNY WILSEY

Tim Potanovic, REHS - Director

Facility Name

: VILLAGE AT THE HIGHLANDS

| Received By:                              |   | Date     | Amanda Young              | Date   |
|---|---|----------|---------------------------|--|
| •   | n and staff were very helpful. Th         | ank you! |                           |  |
| No violations cited  Overall Inspection C |   |          |                           |  |
| Inspection Violate                        | ions                                      |          |                           |  |
| Inspection Number Purpose of Inspection   | : DA0010156<br>: 102 - Routine Inspection |          | Result                    | : 01 - Meets Standards   |
| Inspection Date                           | : 9/9/2022<br>DA0010156                   |          | Total Inspection Time     | : 20 min.  |
| Person in Charge                          | :   |          | J                         | : No Prep  |
| License/Permit Number                     | : 2041-16F-1                              |          | Program:                  | : 1614 - Retail Market<6000 Sq. Feet                             |
| Facility ID<br>Record ID                  | : FA0000510<br>· PR0000116                |          | Inspector Inspector Phone | <ul><li>EE0000021 - Amanda Young</li><li>Not Specified</li></ul> |
| Site Address                              | : 41500 HIGHWAY 36 E                      |          | Owner Address             | : 41515 HWY 36E HWY  |

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: WALGREEN CO.

Tim Potanovic, REHS - Director

Facility Name

Received By:

: WALGREENS #7653

| Site Address                                 | : 1145 S MAIN St                         | Owner Address         | : 200 WILMOT RD               |  |  |
|--|--|-----------------------|-------------------------------|--|--|
| Facility ID                                  | : FA0000649                              | Inspector             | : EE0000021 - Amanda Young    |  |  |
| Record ID                                    | : PR0000290                              | Inspector Phone       | : Not Specified               |  |  |
| License/Permit Number                        | : 2304-16F-1                             | Program:              | : 1615 - Retail Market 6K Sq. |  |  |
| Person in Charge                             | :  |                       | : Feet-15K Sq Feet No Prep    |  |  |
| Inspection Date                              | : 9/6/2022                               | Total Inspection Time | : 30 min.                     |  |  |
| Inspection Number                            | : DA0010133                              | Docult                | · 01 - Meets Standards        |  |  |
| Purpose of Inspection                        | : 102 - Routine Inspection               | Result                | : 01 - Meets Standards        |  |  |
| Inspection Violations No violations cited.   |  |                       |                               |  |  |
| Overall Inspection Co Everything looked grea | omments<br>at and very clean. Thank you! |                       |                               |  |  |

Date

Amanda Young

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: WALMART INC.

Tim Potanovic, REHS - Director

Facility Name

: WALMART #1608

| Site Address  | : 608 LUTHER RD   | Owner Address         | : 508 SW 8TH ST 8916              |                   |  |  |
|---|---|-----------------------|-----------------------------------|-------------------|--|--|
| Facility ID   | : FA0001318   | Inspector             | : EE0000021 - Amanda \            | oung/             |  |  |
| Record ID   | : PR0002294   | Inspector Phone       | : Not Specified                   |                   |  |  |
| License/Permit Number   | : PT0002385   | Program:              | : 1622 - Retail Market >          | 15K Sq Feet 3     |  |  |
| Person in Charge  | :   | -                     | : Prep                            | •                 |  |  |
| Inspection Date   | : 9/28/2022   | Total Inspection Time | : 90 min.                         |                   |  |  |
| Inspection Number   | : DA0010235   | Desuit                | · 03 - Minor Violations           |                   |  |  |
| Purpose of Inspection   | : 102 - Routine Inspection  | Result                | : US - MINOR VIOLATIONS           |                   |  |  |
| 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<br>Specified | Not In Compliance |  |  |
| Violation Description   | n:  |                       |                                   |                   |  |  |
| facilities that pre   | es shall have adequate knowledge of and be trained<br>pare, handle or serve non-prepackaged potentially b<br>ication examination. (113947-113947.1) | •                     | ` ,                               |                   |  |  |
| Corrective Descripti  | on:   |                       |                                   |                   |  |  |
|   | d handlers for deli and bakery available at all times t   | for inspections.      |                                   |                   |  |  |
| <b>"Overall Inspection Co</b><br>Store looked great. All t  | mments he departments were very clean. Staff were very he   | elpful. Thank you!    |                                   |                   |  |  |
| Rey, Christine (Guest Services), and Essence (Bakery) were very helpful. Thank you!   |   |                       |                                   |                   |  |  |
|   |   | ali                   | J.L                               |                   |  |  |
| Received By:  | Date  | Amanda Young          |                                   | Date              |  |  |
|   |   |                       |                                   |                   |  |  |

# **OFFICIAL FOOD INSPECTION REPORT**

Owner



: KAYLA CHANEY

Tim Potanovic, REHS - Director

: WHISK & WILLOW

Facility Name

Received By:

| Site Address                                      | : 638 WASHINGTON ST        | Owner Address                                 | : 3878 RHONDA RD #1                |  |  |  |
|---|----------------------------|---|------------------------------------|--|--|--|
| Facility ID                                       | : FA0001651                | Inspector                                     | : EE0000005 - Tia Branton          |  |  |  |
| Record ID   | : PR0003193                | Inspector Phone                               | : (530) 527-8020                   |  |  |  |
| License/Permit Number                             | : PT0003429                | Program:                                      | : 1623 - Restaurant <2000 Sq. Feet |  |  |  |
| Person in Charge                                  | :                          |   | :                                  |  |  |  |
| Inspection Date                                   | : 9/7/2022                 | Total Inspection Time                         | : 30 min.                          |  |  |  |
| Inspection Number                                 | : DA0010140                | D "   | · 01 - Meets Standards             |  |  |  |
| Purpose of Inspection                             | : 102 - Routine Inspection | Result  | : 01 - Meets Standards             |  |  |  |
| No violations cited.  Overall Inspection Comments |                            |   |                                    |  |  |  |
| •   |                            | orted into Shasta County. No issues at this t | ime.                               |  |  |  |
|   |                            |   | 3 aanton                           |  |  |  |

Date

Tia Branton