

County of Tehama
Department of Environmental Health
633 Washington St., Rm 36
Red Bluff CA 96080
Phone # (530) 527-8020
www.co.tehama.ca.us

OFFICIAL FOOD INSPECTION REPORT



Tim Potanovic, REHS - Director

Facility Name	: 2 BUDS	Owner	: STEVEN JOINER
Site Address	: 592 ANTELOPE BLVD	Owner Address	: 23422 VOLCANO RD
Facility ID	: FA0000635	Inspector	: EE0000005 - Tia Branton
Record ID	: PR0000271	Inspector Phone	: (530) 527-8020
License/Permit Number	: PT0002853	Program:	: 1623 - Restaurant <2000 Sq. Feet
Person in Charge	:		:
Inspection Date	: 8/26/2020	Total Inspection Time	: 120 min.
Inspection Number	: DA0008102	Result	: 05 - Reinspection Required
Purpose of Inspection	: 106 - Pre-Opening Inspection		

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

Inspection Violations

WALL CEILING AND FLOORS MUST BE APPROVED MATERIAL AND KEPT CLEAN AT ALL TIMES - 16 45

"Comply by Date" Not Specified

Not In Compliance

Violation Description:

The walls / ceilings shall have durable, smooth, nonabsorbent, light-colored, and washable surfaces. All floor surfaces, other than the customer service areas, shall be approved, smooth, durable and made of nonabsorbent material that is easily cleanable. Approved base coving shall be provided in all areas, except customer service areas and where food is stored in original unopened containers. Food facilities shall be fully enclosed. All food facilities shall be kept clean and in good repair. (114143 (d), 114266, 114268, 114268.1, 114271, 114272)

Corrective Description:

Inspector Comments:

Ceiling in all areas where food is stored or prepared shall be constructed properly and not allow for rain/animal entry. All doors/windows shall be sealed to keep out vectors. Floors shall be redone completely with coving as required.

RAW WHOLE PRODUCE SHALL BE WASHED PRIOR TO PREPARATION - 16 28

"Comply by Date" Not Specified

Not In Compliance

Violation Description:

Raw, whole produce shall be washed prior to preparation. (113992)

Corrective Description:

Inspector Comments:

Currently facility has no prep sink. Install if any defrosting of meat or cleaning of vegetables will take place.

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

"Comply by Date" Not Specified

Not In Compliance

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:

Please replace all wood shelving with non porous, easily cleanable shelving. Also, stainless steel racks currently in use are showing signs of age and shall be replace/refinished.

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:

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Facility in need of thorough cleaning of ALL SURFACES!!!!

**ALL UTENCILS AND EQUIPMENT SHALL BE APPROVED, AND FUNCTIONING PROPERLY -
16 35**

**"Comply by Date" Not
Specified**

Not In Compliance

Violation Description:

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, 114163, 114165, 114167, 114169, 114177, 114180, 114182)

Corrective Description:

Inspector Comments:

All equipment shall be commercial grade and working properly. All refrigeration units must maintain temp below 41 degrees F.

Overall Inspection Comments

Floors, walls and ceiling in very poor shape in facility.
Back area (currently not used for food prep or storage) Needs to be thoroughly cleaned or blocked off permanently from food prep/serving area.
Grease trap shall be pumped and certified before reopening.
Please call this office with questions.

Received By: _____

Date _____

Tia Branton _____

Date _____