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**

Owner



: CESAR MONTES

Tim Potanovic, REHS - Director

Facility Name

: CESAR MONTES

| Site Address   | : SIXTH & SOLANO ST                |                                   | Owner Address   | : 22090 SAMSON AVE   |                   |
|--|------------------------------------|-----------------------------------|---|--|-------------------|
| Facility ID Record ID License/Permit Number Person in Charge Inspection Date Inspection Number Purpose of Inspection | arge : ate : 4/20/2016 : DA0003909 |                                   | Inspector Inspector Phone Program: Total Inspection Time Result | <ul> <li>: EE0000004 - Don Shelvock</li> <li>: Not Specified</li> <li>: 1628 - Food Vehicle Prepared Food</li> <li>: 30 min.</li> <li>: 03 - Minor Violations</li> </ul> |                   |
| •  | , , , ,                            | revealed the following violations | s. Please note the date for reins                               | spection. Thank you for your or  | ooperation.       |
| Inspection Violati   | ons —                              |                                   |   |  |                   |
| POTENTIALLY HAZ  | ARDOUS FOODS HOL                   | LD TEMPERATURES - 16 7            |   | "Comply by Date" Not<br>Specified  | Not In Compliance |
| Violation Description  | on:                                |                                   |   |  |                   |
| Potentially haza   | rdous foods shall be h             | neld at or below 41/45øF or at or | r above 135øF. (113996, 11399                                   | 8, 114037, 114343(a))  |                   |
| Corrective Descript  | tion:                              |                                   |   |  |                   |
|  | maintain 41*F in all a             | reas of unit.                     |   |  |                   |
| —Overall Inspection Co   | omments                            |                                   |   |  |                   |
|  |                                    |                                   | 2   | Kork   |                   |
| Received By:   |                                    | Date                              | Don Shelvock  |  | Date              |
|  |                                    |                                   |   |  |                   |