

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 | : COFFEEHUB | Owner | : ALYSSA GONZALEZ |
| Site Address | : 20767 WALNUT ST | Owner Address | : 228 ASPEN WAY |
| Facility ID | : FA0000113 | Inspector | : EE0000001 - David Brower |
| Record ID | : PR0002607 | Inspector Phone | : Not Specified |
| License/Permit Number | : PT0002820 | Program: | : 1640 - Limited Food Prep (Coffee Stand/Hotel) |
| Person in Charge | : | Total Inspection Time | : 45 min. |
| Inspection Date | : 11/13/2019 | Result | : 03 - Minor Violations |
| Inspection Number | : DA0007284 | | |
| 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

HAND WASHING FACILITIES REQUIRED - 16 6

"Comply by Date" Not Specified

Not In Compliance

Violation Description:

Handwashing soap and towels or drying device shall be provided in dispensers; dispensers shall be maintained in good repair. (113953.2)
Adequate facilities shall be provided for hand washing, food preparation and the washing of utensils and equipment. (113953, 113953.1, 114067(f))

Corrective Description:

Inspector Comments:

No single use soap or Hand towels. Provide single use soap and hand towels.

A FOOD FACILITY SHALL NOT BE OPEN FOR BUSINESS WITHOUT A VALID PERMIT - 16 49

"Comply by Date" Not Specified

Not In Compliance

Violation Description:

A food facility shall not be open for business without a valid permit. (114067(b) & (c), 114381 (a), 114387)

Corrective Description:

Inspector Comments:

Permit expired due to lack of annual permit fee. Remit permit fees.

Overall Inspection Comments

Received By: _____

Date _____

David Brower _____

Date _____