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	: GREEN BARN	Owner	: PAULETTE BREWER	GEVEDEN
Site Address	5 CHESTNUT AVE	Owner Address	: 5 CHESTNUT AVE	
Facility ID	: FA0000543	Inspector	: EE0000005 - Tia Brant	on
Record ID	PR0000157	Inspector Phone	; (530) 527-8020	
License/Permit Number	: 2115-16F-1	Program:	: 1624 - Restaurant 2000 Sq.	
Person in Charge	:	3	: Feet-6000 Sq. Feet	•
Inspection Date	: 4/6/2015	Total Inspection Time	me : 690 min.	
Inspection Number	: DA0001948	Desult	· 02 - Failed To Meet Sta	andarde
Purpose of Inspection	: 102 - Routine Inspection	Result	: 02 - 1 alled 10 Meet 3ta	andarus
An inspe	ection of your property revealed the following vi	iolations. Please note the date for reins	spection. Thank you for your cod	operation.
 Inspection Violati 	ons —			
MAJOR				
POTENTIALLY HAZARDOUS FOODS HOLD TEMPERATURES - 16 7			Comply by 4/7/2015	Not In Compliance
Violation Description	n:			
Potentially haza	rdous foods shall be held at or below 41/ 45øF	or at or above 135øF. (113996, 11399	8, 114037, 114343(a))	
Corrective Descript	ion:			
Inspector Commen	ts:			
•	its must hold temperature at all times. Repair	or replace immediately those units that	can not hold temp.	
-	s thrown in garbage during inspection due to ir			
	CILITIES SHALL BE WORKING CORRECTLY	AND HAVE TESTING	Comply by 4/7/2015	Not In Compliance
Violation Description	on:			
	nat prepare food shall be equipped with warewa anitization method. (114067(f,g), 114099, 1140	- · ·	· ·	
Corrective Descript	tion:			
Inspector Commen	ts:			
·	be washed by hand (Wash, Rinse, Sanitize) un	til such time as automatic chlorinator or	n dishwasher works correctly.	
FOOD TRAINING - 10	3 1		"Comply by Date" Not Specified	Not In Compliance
Violation Description	on:		•	
facilities that pre	ees shall have adequate knowledge of and be tears, handle or serve non-prepackaged potentification examination. (113947-113947.1)	_		
Corrective Descript	ion:			
Inspector Commen	ts:			
•	st have Managers training. Please show proof.			
Overall Inspection Co	omments			
		<u></u>	Branton	
Received By:	Date	Tia Branton		Date

Received By: