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  | : HOMETOWN CAFE   |                          | Owner                          | : MARK OLSEN                      |                   |
|--|---|--------------------------|--------------------------------|-----------------------------------|-------------------|
| Site Address   | : 1081 SOLANO ST A  |                          | Owner Address                  | : 1422 YOLO ST                    |                   |
| Facility ID : FA0000667  |   |                          | Inspector                      | : EE0000004 - Don Shelvock        |                   |
| Record ID : PR0000318  |   |                          | Inspector Phone                | : Not Specified                   |                   |
| License/Permit Number  | icense/Permit Number : 2338-16F-1                                   |                          | Program:                       | 1623 - Restaurant <2000 Sq. Feet  |                   |
| Person in Charge   | :   |                          | 3 -                            | :                                 |                   |
| Inspection Date  | : 1/9/2018  |                          | Total Inspection Time          | : 45 min.                         |                   |
| Inspection Number  | : DA0005611   |                          | ·                              | 00 14: 15:15:                     |                   |
| Purpose of Inspection  | : 102 - Routine Inspection  |                          | Result                         | : 03 - Minor Violations           |                   |
| An inspection Violation  | ection of your property revealed the                                | he following violations. | Please note the date for reins | spection. Thank you for your co   | ooperation.       |
| POTENTIALLY HAZARDOUS FOODS HOLD TEMPERATURES - 16 7   |   |                          |                                | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description  | n:  |                          |                                |                                   |                   |
| Potentially haza   | rdous foods shall be held at or be                                  | elow 41/ 45øF or at or a | bove 135øF. (113996, 11399     | 8, 114037, 114343(a))             |                   |
| Corrective Descript  | ion:  |                          |                                |                                   |                   |
| Inspector Commen<br>All cold units mu  | <i>ts:</i><br>ıst maintain 41*F or below.                           |                          |                                |                                   |                   |
| WAREWASHING FACILITIES SHALL BE WORKING CORRECTLY AND HAVE TESTING MATERIALS TO VERIFY CHEMICAL CONC - 16 34 |   |                          |                                | "Comply by Date" Not<br>Specified | Not In Compliance |
| Violation Description  | n:  |                          |                                |                                   |                   |
|  | nat prepare food shall be equippe anitization method. (114067(f,g), | •                        | •                              | ·                                 |                   |
| Corrective Descript  | ion:  |                          |                                |                                   |                   |
| Inspector Commen<br>Chlorinator not v  | <i>ts:</i><br>working. Hand sanitize all dishes                     | until repaires.          |                                |                                   |                   |
| Overall Inspection Co  | omments ————  |                          |                                |                                   |                   |
|  |   |                          |                                |                                   |                   |
|  |   |                          | 2                              | Skort                             |                   |
| Received By:   |   | Date                     | Don Shelvock                   |                                   | Date              |
|  |   |                          |                                |                                   |                   |