

County of Santa Clara

Department of Environmental Health

Consumer Protection Division

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 www.ehinfo.org

- No Signature



OFFICIAL INSPECTION REPORT

Facility FA0305625 - GREAT GAS		Site Address 1220 GRANT RD, MOUNTAIN VIEW, CA 94040		Inspection Date 07/10/2025		Placard Color & Score GREEN 90		
Program PR0448665 - LIMITED FOOD SERVICE CAT 1 - FP75			Owner Name GREAT GAS MOUNTAIN VIEW		Inspection Time 15:10 - 16:00			
Inspected By KAYA ALASSFAR		Inspection Type ROUTINE INSPECTION		Consent By ABDUL				FSC Exempt

RISK FACTORS AND INTERVENTIONS		IN	OUT		COS/SA	N/O	N/A	PBI
			Major	Minor				
K01	Demonstration of knowledge; food safety certification						X	
K02	Communicable disease; reporting/restriction/exclusion	X						
K03	No discharge from eyes, nose, mouth	X						
K04	Proper eating, tasting, drinking, tobacco use	X						
K05	Hands clean, properly washed; gloves used properly					X		
K06	Adequate handwash facilities supplied, accessible		X		X			
K07	Proper hot and cold holding temperatures						X	
K08	Time as a public health control; procedures & records						X	
K09	Proper cooling methods						X	
K10	Proper cooking time & temperatures						X	
K11	Proper reheating procedures for hot holding						X	
K12	Returned and reservice of food						X	
K13	Food in good condition, safe, unadulterated	X						
K14	Food contact surfaces clean, sanitized						X	
K15	Food obtained from approved source	X						
K16	Compliance with shell stock tags, condition, display						X	
K17	Compliance with Gulf Oyster Regulations						X	
K18	Compliance with variance/ROP/HACCP Plan						X	
K19	Consumer advisory for raw or undercooked foods						X	
K20	Licensed health care facilities/schools: prohibited foods not being offered						X	
K21	Hot and cold water available	X						
K22	Sewage and wastewater properly disposed	X						
K23	No rodents, insects, birds, or animals	X						

GOOD RETAIL PRACTICES		OUT	COS
K24	Person in charge present and performing duties		
K25	Proper personal cleanliness and hair restraints		
K26	Approved thawing methods used; frozen food		
K27	Food separated and protected		
K28	Fruits and vegetables washed		
K29	Toxic substances properly identified, stored, used		
K30	Food storage: food storage containers identified		
K31	Consumer self service does prevent contamination		
K32	Food properly labeled and honestly presented		
K33	Nonfood contact surfaces clean		
K34	Warewash facilities: installed/maintained; test strips		
K35	Equipment, utensils: Approved, in good repair, adequate capacity		
K36	Equipment, utensils, linens: Proper storage and use		
K37	Vending machines		
K38	Adequate ventilation/lighting; designated areas, use		
K39	Thermometers provided, accurate		
K40	Wiping cloths: properly used, stored		
K41	Plumbing approved, installed, in good repair; proper backflow devices		
K42	Garbage & refuse properly disposed; facilities maintained		
K43	Toilet facilities: properly constructed, supplied, cleaned		
K44	Premises clean, in good repair; Personal/chemical storage; Adequate vermin-proofing		
K45	Floor, walls, ceilings: built, maintained, clean		
K46	No unapproved private home/living/sleeping quarters		
K47	Signs posted; last inspection report available		

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K48	Plan review				X
K49	Permits available				
K58	Placard properly displayed/posted				

Comments and Observations

Major Violations

K06 - 8 Points - Inadequate handwash facilities: supplied or accessible; 113953, 113953.1, 113953.2, 114067(f)

Inspector Observations: Sanitary towels are not available in the restroom.

[CA] Single-use sanitary towels shall be provided in dispensers; heated-air hand drying device may be substituted for single-use towels.

[COS] Employee restocked dispenser.

Minor Violations

K48 - 2 Points - Plan review unapproved; 114380

Inspector Observations: Facility added a cappuccino machine, coffee makers and slushy dispenser (FRAZIL) without approval.

[CA] Submit plans and specifications for review for the addition of new equipments. Contact DEH at 408-918-3400 or at www.ehinfo.org to obtain plan check requirements.

Performance-Based Inspection Questions

N/A

Measured Observations

Item	Location	Measurement	Comments
WATER	HAND SINK	100.00 Fahrenheit	
ICE CREAM	CHEST FREEZER	12.00 Fahrenheit	

Overall Comments:

Submit plans and specifications for review for the addition of the new equipment. Contact DEH at 408-918-3400 or at www.ehinfo.org to obtain plan check requirements.

When required to determine compliance, a single reinspection will be conducted without additional charge. If subsequent reinspections are required, an hourly fee (minimum one hour) at the current rate approved by the Board of Supervisors will be assessed for each and every reinspection until the necessary changes or corrections are made. Unless otherwise noted by the inspector, all violations are to be corrected no later than **7/24/2025**. Any major change in menu or any change in ownership must have prior approval by this Department. This may require structural and/or equipment changes or remodeling to accommodate new operations.

Legend:

[CA]	Corrective Action
[COS]	Corrected on Site
[N]	Needs Improvement
[NA]	Not Applicable
[NO]	Not Observed
[PBI]	Performance-based Inspection
[PHF]	Potentially Hazardous Food
[PIC]	Person in Charge
[PPM]	Part per Million
[S]	Satisfactory
[SA]	Suitable Alternative
[TPHC]	Time as a Public Health Control