



Public Health
Environmental Health Services

www.SBCounty.gov

RETAIL FOOD PROTECTION - OFFICIAL INSPECTION REPORT

FACILITY NAME ARIA COUSIN		DATE 5/28/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION
LOCATION 112 W B ST, ONTARIO, CA 91763			INSPECTOR John Ramos	
MAILING ADDRESS 112 W B ST, ONTARIO, CA 91763			IDENTIFIER: None	
			SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION	
TIME IN 2:29 PM	TIME OUT 5:09 PM	FACILITY ID FA0026289	RELATED ID CO0050815	PE 1600
			RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU	
			ACTION: 13 - PERMIT SUSPENDED / FACILITY CLOSED	

RETAIL FOOD PROTECTION - Non-Permitted Food Activity

16K991 Permit Investigation

Comply by: 5/28/2015

Not In Compliance

Reference - HSC

Inspector Comments: The facility was previously given 3 days to obtain a permit on May 18, 2015.

The facility has only applied for a transfer of ownership on May 18, 2015, and the status of the application is still pending as of this date.

The facility continues to operate without a valid permit.

Description: Obtain a valid health permit within 3 days or as specified to avoid facility closure and/or other possible legal action.

16K999 Complaint Inspection

Comply by: 5/28/2015

Not In Compliance

Reference - HSC

Inspector Comments: Observed facility operating without a permit.

Observed no permit posted.

Observed no receipt for health permit fees paid.

Description: A complaint report has been received by Environmental Health.

Overall Inspection Comments

By authorization of DEHS management permit fees of \$580.00 need to be paid immediately. Please pay your fees online at www.sbcounty.gov/dph/dehs to avoid closure.

Observed facility operating without a permit.

Observed no permit posted.

Observed no receipt for health permit fees paid.

The facility was previously given 3 days to obtain a permit on May 18, 2015.

The facility has only applied for a transfer of ownership on May 18, 2015, and the status of the application is still pending as of this date.

The facility continues to operate without a valid permit.

Signature(s) of Acknowledgement

NAME:

TITLE:

Total # of Images: 0