



**County of San Bernardino • Department of Public Health  
Division of Environmental Health Services  
COMMUNITY ENVIRONMENTAL HEALTH  
CAL CODE OFFICIAL INSPECTION REPORT**

www.sbcounty.gov/dehs

**(800) 442-2283**

FACILITY NAME <b>FOOTHILL KITCHEN LLC</b>					DATE <b>11/27/2012</b>	SIGNATURE <i>Shannon Johnson</i>	
LOCATION <b>360 W FOOTHILL BL, UPLAND, CA 91786</b>					REINSPECTION DATE <b>5/27/2013</b>	PERMIT EXPIRATION <b>10/31/2012</b>	
MAILING ADDRESS <b>2058 N MILLS AV UNIT 354, CLAREMONT CA 91711</b>					<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS <b>Shannon Johnson</b>		
FA # <b>FA0026370</b>	PR # <b>PR0034589</b>	SR #	CO #	PE <b>1620</b>	PROGRAM IDENTIFIER: None		
TIME IN <b>2:46 PM</b>	TIME OUT <b>3:39 PM</b>	CONTACT <b>Not Captured</b>			SERVICE: 001 - Inspection - Routine		
					RESULT: 03 - Corrective Action / No Follow up Required		
					ACTION: 01 - No Further Action Required		

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked.

Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$61.25 per 15 minutes with a minimum time of 30 minutes, and a minimum charge of \$122.50.

<b>SCORE</b>
<b>96</b>

See the following pages for the code sections and general requirements that correspond to each violation listed below.

- In = In compliance                      ○ N/O = Not observed                      ○ N/A = Not applicable
- + COS = Corrected on-site                      ⊗ MAJ = Major violation                      ⊗ OUT = Out of compliance

DEMONSTRATION OF KNOWLEDGE			COS	MAJ	OUT
<span style="color: green;">○</span> In	N/O	1. Demonstration of knowledge; food safety certification Food Safety Cert Name: <b>Data not collected</b>			2
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<span style="color: green;">○</span> In		2. Communicable disease; reporting, restrictions & excl		4	
<span style="color: green;">○</span> In	N/O	3. No discharge from eyes, nose, and mouth			2
<span style="color: green;">○</span> In	N/O	4. Proper eating, tasting, drinking or tobacco use			2
PREVENTING CONTAMINATION BY HANDS					
<span style="color: green;">○</span> In	N/O	5. Hands clean and properly washed; gloves used prop		4	2
<span style="color: green;">○</span> In		6. Adequate handwashing facilities supplied & accessib			2
TIME AND TEMPERATURE RELATIONSHIPS					
<span style="color: green;">○</span> In	N/O	N/A		4	2
<span style="color: green;">○</span> In	N/O	N/A		4	2
<span style="color: green;">○</span> In	N/O	N/A		4	2
<span style="color: green;">○</span> In	N/O	N/A		4	
<span style="color: green;">○</span> In	N/O	N/A		4	
PROTECTION FROM CONTAMINATION					
In	N/O	<span style="color: blue;">○</span> N/A			2
<span style="color: green;">○</span> In		13. Food in good condition, safe and unadulterated		4	2
In	N/O	N/A		4	<span style="color: red;">⊗</span>
<b>Sanitizer Type:</b> Chlorine Quaternary Ammonia Hot Water Other <b>Sanitizer Concentration</b>					

FOOD FROM APPROVED SOURCES			COS	MAJ	OUT
<span style="color: green;">○</span> In		15. Food obtained from approved source		4	
In	N/O	<span style="color: blue;">○</span> N/A			2
In	N/O	<span style="color: blue;">○</span> N/A			2
CONFORMANCE WITH APPROVED PROCEDURES					
In		<span style="color: blue;">○</span> N/A			2
CONSUMER ADVISORY					
In	N/O	<span style="color: blue;">○</span> N/A			2
HIGHLY SUSCEPTIBLE POPULATIONS					
In		<span style="color: blue;">○</span> N/A		4	
WATER/HOT WATER					
<span style="color: green;">○</span> In		21. Hot and cold water available _____Temp		4	2
LIQUID WASTE DISPOSAL					
<span style="color: green;">○</span> In		22. Sewage and wastewater properly disposed		4	2
VERMIN					
<span style="color: green;">○</span> In		23. No rodents, insects, birds, or animals		4	2

SUPERVISION	OUT
24. Person in charge present and performs duties	1
PERSONAL CLEANLINESS	
25. Personal cleanliness and hair restraints	1
GENERAL FOOD SAFETY REQUIREMENTS	
26. Approved thawing methods used, frozen food	1
27. Food separated and protected	1
28. Washing fruits and vegetables	1
29. Toxic substances properly identified, stored, use	1
FOOD STORAGE/DISPLAY/SERVICE	
30. Food storage; food storage containers identified	1
31. Consumer self-service	1
32. Food properly labeled & honestly presented	1

EQUIPMENT/UTENSILS/LINENS	OUT
33. Nonfood contact surfaces clean	1
34. Warewashing facilities: installed, maintained, used	1
35. Equipment/Utensils approved; installed; clean; good repa	1
36. Equipment, utensils and linens: storage and use	1
37. Vending machines	1
38. Adequate ventilation and lighting; designated area	1
39. Thermometers provided and accurate	1
40. Wiping cloths: properly used and stored	1
PHYSICAL FACILITIES	
41. Plumbing: proper backflow devices	1
42. Garbage and refuse properly disposed; facilities m	1
43. Toilet facilities: properly constructed, supplied, clea	1
44. Premises; personal/cleaning items; vermin-proofin	1

PERMANENT FOOD FACILITIES	OUT
45. Floor, walls, ceilings: built, maintained, and clean	1
46. No unapproved private homes/living or sleeping qu	1
SIGNS REQUIREMENTS	
47. Signs posted; last inspection report available	1
48. Food worker cards	2
COMPLIANCE & ENFORCEMENT	
49. Permits Available	
50. Restrooms Required	
51. Plan Review	
52. VC&D	
53. Impoundment	
54. Permit Suspension	



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**Non-critical Violations**

**14: Food contact surfaces: clean and sanitized**

<b>POINTS</b> <b>4</b>	Compliance date not specified	<i>Violation Description:</i> All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(e), 114097, 114099.1, 114099.4, 114099.6, 114101 (b-d), 114105, 114109, 114111, 114113, 114115 (a, b, d), 114117, 114125(b), 114135, 114141)
	Not In Compliance	
<i>Inspector Comments:</i> Observed no detectable sanitizer during the sanitizer cycle at the ware wash machine. Ensure the sanitizer level is at least 50ppm chlorine at all times during the sanitizing cycle. All ware washing must be conducted at the three compartment sink until all repairs have been made.		

**Overall Inspection Comments**

At the time of this inspection, no food prep was being conducted.