



**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](http://www.sbcounty.gov/dehs)

**(800) 442-2283**

FACILITY NAME <b>ALPINE SLIDE AT MAGIC MOUNTAIN</b>					DATE 12/4/2012	SIGNATURE <i>Paul Scott</i>	
LOCATION 800 WILDROSE LN, BIG BEAR LAKE, CA 92315					REINSPECTION DATE 6/04/2013	PERMIT EXPIRATION 6/30/2013	
MAILING ADDRESS PO BOX 2893, BIG BEAR LAKE CA 92315					<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS <b>Cecilia Jones</b>		
FA # FA0009542	PR # PR0005686	SR #	CO #	PE 1621	PROGRAM IDENTIFIER: None		
TIME IN 3:17 PM	TIME OUT 4:11 PM	CONTACT Not Captured			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>98</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: <span style="color: red;">Data not collected</span>				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	7. Proper hot and cold holding temperatures		4	2
In	N/O	<span style="color: blue;">○</span> N/A	8. Time as a public health control; procedures & record		4	2
In	N/O	<span style="color: blue;">○</span> N/A	9. Proper cooling methods		4	2
In	<span style="color: blue;">○</span> N/O	N/A	10. Proper cooking time & temperatures		4	
<span style="color: green;">○</span> In	N/O	N/A	11. Proper reheating procedures for hot holding		4	
PROTECTION FROM CONTAMINATION						
<span style="color: green;">○</span> In	N/O	N/A	12. Returned and reserve of food			2
<span style="color: green;">○</span> In			13. Food in good condition, safe and unadulterated		4	2
<span style="color: green;">○</span> In	N/O	N/A	14. Food contact surfaces: clean and sanitized		4	2
<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	16. Compliance with shell stock tags, condition, display			2
In	N/O	<span style="color: blue;">○</span> N/A	17. Compliance with Gulf Oyster Regulations			2
CONFORMANCE WITH APPROVED PROCEDURES						
In		<span style="color: blue;">○</span> N/A	18. Compliance with variance, specialized process, and HACCP Plan			2
CONSUMER ADVISORY						
In	N/O	<span style="color: blue;">○</span> N/A	19. Consumer advisory provided for raw or undercooked foods			2
HIGHLY SUSCEPTIBLE POPULATIONS						
In		<span style="color: blue;">○</span> N/A	20. Licensed health care facilities/public and private schools; prohibited foods not offered		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	<span style="color: red;">⊗</span>
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	<span style="color: red;">⊗</span>
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	<span style="color: red;">⊗</span>
53. Impoundment	
54. Permit Suspension	



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](http://www.sbcounty.gov/dehs)

**(800) 442-2283**

FACILITY NAME <b>ALPINE SLIDE AT MAGIC MOUNTAIN</b>	DATE <b>12/4/2012</b>	SIGNATURE 
LOCATION <b>800 WILDROSE LN, BIG BEAR LAKE, CA 92315</b>	REHS <b>Cecilia Jones</b>	

**Non-critical Violations**

**35: Equipment/Utensils - approved; installed; clean; g**

<b>POINTS</b> <b>1</b>	Compliance date not specified Not In Compliance	<p><i>Violation Description:</i> All utensils and equipment shall be fully operative and in good repair. (114175). All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114177, 114180, 114182)</p> <p><i>Inspector Comments:</i> Recently installed equipment may not be used until it has been approved through plan check.</p>
---------------------------	--	--

**39: Thermometers provided and accurate**

<b>POINTS</b> <b>1</b>	Compliance date not specified Not In Compliance	<p><i>Violation Description:</i> An accurate easily readable metal probe thermometer suitable for measuring temperature of food shall be available to the food handler. A thermometer +/- 2 F shall be provided for each hot and cold holding unit of potentially hazardous foods and high temperature warewashing machines. (114157, 114159)</p> <p><i>Inspector Comments:</i> Hood was installed prior to approval through plan check. Do not use until plans are submitted and approved.</p>
---------------------------	--	---

**52: VC & D**

<b>POINTS</b> <b>0</b>	Compliance date not specified Not In Compliance	<p><i>Violation Description:</i> Operator has voluntarily consented to the condemnation and destruction of food as said material being unfit for human consumption or otherwise in violation of California Health and Safety Code, Division 104, Part 5, Chapter 1 through 8, the disposition of which is provided for by Chapter 8, Article 3, Section 111895.</p> <p>"I (We) hereby voluntarily agree to the condemnation and destruction of the following material(s) listed in violation number 52. By signing this Official Inspection Report (OIR), I (We) hereby release the County of San Bernardino and its agent from any and all liability."</p> <p><i>Inspector Comments:</i> Facility is undergoing a remodel and must go through plan check. I spoke with the contractor on site and will provide him with a copy of our guidelines.</p>
---------------------------	--	--

**Overall Inspection Comments**

No summary comments have been made for this inspection.