



COMMUNITY ENVIRONMENTAL HEALTH PROGRAM
RETAIL FOOD PROTECTION - OFFICIAL INSPECTION REPORT

(800) 442-2283

www.sbcounty.gov/dph/dehs

FACILITY NAME MY HERO SUBS			DATE 9/12/2013	SIGNATURE 	
LOCATION 4190 PHELAN RD, PHELAN, CA 92371			REINSPECTION DATE Not Specified	PERMIT EXPIRATION 7/31/2013	
MAILING ADDRESS 4190 PHELAN RD, PHELAN CA 92371			<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT		REHS John Ramos
FA # FA0015543	PR # PR0020668	SR # Not Specified	CO # Not Specified	PE 1621	PROGRAM IDENTIFIER: None
TIME IN 2:34 PM	TIME OUT 3:11 PM	CONTACT Not Captured			SERVICE: 112 - INVESTIGATION - LICENSE / PERMIT
					RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED
					ACTION: 01 - NO FURTHER ACTION REQUIRED

RETAIL FOOD PROTECTION - PUBLIC EATING PL (25-99 SEATS)

16K991 Permit Investigation

Compliance Date: Not Specified
Not In Compliance
Violation Reference - HSC

Inspector Comments: Observed facility undergo a change of ownership and is in arrears in fees of \$725.00.
One owner of the partnership is no longer involved and is the basis of the ownership change. No new owners have been added. The effective date of the change is 7-31-113.
The owner was provided with a change of ownership form, and completed the form.

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

Overall Inspection Comments

The past due permit fees and penalty fees total \$725.00.

Received permit fees of \$725.00 in the field from the operator, drawn on check #2023. Also received the change of ownership form from the owner in the field.

Contact this office at 800-442-2283 with any questions.
Our office has moved to 15900 Smoke Tree St. Hesperia, CA 92345.

Photo Attachments:
No Photo Attachments