



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

(800) 442-2283

www.sbcounty.gov/dph/dehs

FACILITY NAME WAYNE RUBLE MIDDLE SCHOOL				DATE 4/11/2014	SIGNATURE <i>Danise Goddard</i>	
LOCATION 6762 JUNIPER AV, FONTANA, CA 92336				REINSPECTION DATE 10/11/2014	PERMIT EXPIRATION 9/30/2014	
MAILING ADDRESS 9680 CITRUS AV, FONTANA CA 92335				<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS Chris Nwadike		
FA # FA0014389	PR # PR0019004	SR #	CO #	PE 1656	PROGRAM IDENTIFIER: None	
TIME IN 10:03 AM	TIME OUT 10:42 AM	CONTACT Not Captured			SERVICE: 001 - Inspection - Routine	
				RESULT: 01 - Corrective Action Not 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.



SCORE 100

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

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

DEMONSTRATION OF KNOWLEDGE			COS	MAJ	OUT
<input checked="" type="radio"/> In	N/O	1. Demonstration of knowledge; food safety certification			2
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="radio"/> In		2. Communicable disease; reporting, restrictions & excl		4	
<input checked="" type="radio"/> In	N/O	3. No discharge from eyes, nose, and mouth			2
<input checked="" type="radio"/> In	N/O	4. Proper eating, tasting, drinking or tobacco use			2
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="radio"/> In	N/O	5. Hands clean and properly washed; gloves used prop		4	2
<input checked="" type="radio"/> In		6. Adequate handwashing facilities supplied & accessib			2
TIME AND TEMPERATURE RELATIONSHIPS					
<input checked="" type="radio"/> In	N/O	N/A		4	2
<input checked="" type="radio"/> In	N/O	N/A		4	2
<input checked="" type="radio"/> In	N/O	N/A		4	2
<input checked="" type="radio"/> In	N/O	N/A		4	2
<input checked="" type="radio"/> In	N/O	N/A		4	2
PROTECTION FROM CONTAMINATION					
<input checked="" type="radio"/> In	<input checked="" type="radio"/> N/O	N/A			2
<input checked="" type="radio"/> In		13. Food in good condition, safe and unadulterated		4	2
<input checked="" type="radio"/> In	N/O	N/A		4	2

FOOD FROM APPROVED SOURCES			COS	MAJ	OUT
<input checked="" type="radio"/> In		15. Food obtained from approved source		4	
<input checked="" type="radio"/> In	N/O	<input checked="" type="radio"/> N/A			2
<input checked="" type="radio"/> In	N/O	<input checked="" type="radio"/> N/A			2
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="radio"/> In		<input checked="" type="radio"/> N/A			2
CONSUMER ADVISORY					
<input checked="" type="radio"/> In	N/O	<input checked="" type="radio"/> N/A			2
HIGHLY SUSCEPTIBLE POPULATIONS					
<input checked="" type="radio"/> In		N/A		4	
WATER/HOT WATER					
<input checked="" type="radio"/> In		21. Hot and cold water available		4	2
LIQUID WASTE DISPOSAL					
<input checked="" type="radio"/> In		22. Sewage and wastewater properly disposed		4	2
VERMIN					
<input checked="" type="radio"/> 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	



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

(800) 442-2283

www.sbcounty.gov/dph/dehs

FACILITY NAME WAYNE RUBLE MIDDLE SCHOOL	DATE 4/11/2014	SIGNATURE <i>Denise Goddard</i>
LOCATION 6762 JUNIPER AV, FONTANA, CA 92336	REHS Chris Nwadike	

Overall Inspection Comments

No summary comments have been made for this inspection.