385 N Arrowhead Ave, San Bernardino, CA 92415 | Phone: 800.442.2283 Fax: 909.387.4323
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SAN BERNARDINO COUNTY

Public Health
Environmental Health Services

CAL CODE OFFICIAL INSPECTION REPORT

FACILITY NAME	DATE	REINSPECTION DATE	PERMIT EXPIRATION
STATER BROS MARKET #02	3/14/2016	Next Routine	10/31/2016

LOCATION	INSPECTOR
444 E BASELINE ST, SAN BERNARDINO, CA 92405	Janis McBride

MAILING ADDRESS: PO BOX 150, SAN BERNARDINO CA 92402 ☐FACILITY ☐OWNER ☑ACCOUNT

TIME IN	TIME OUT	FACILITY ID	RELATED ID	PE
12:00 PM	12:45 PM	FA0002839	PR0009438	1619

IDENTIFIER: Market/Meats/Produce
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. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in the San Bernardino County Code, Schedule of Fees.

Administrative Order to Show Cause (OSC): 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; otherwise the right to a hearing shall be deemed waived.

A

SCORE 99

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

				COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE						
In	N/O		**1.** Demonstration of knowledge; food safety certification			2
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
In			**2.** Communicable disease; reporting, restrictions & excl		4	
In	N/O		**3.** No discharge from eyes, nose, and mouth			2
In	N/O		**4.** Proper eating, tasting, drinking or tobacco use			2
PREVENTING CONTAMINATION BY HANDS						
In	N/O		**5.** Hands clean and properly washed; gloves used prop		4	2
In			**6.** Adequate handwashing facilities supplied & accessib			2
TIME AND TEMPERATURE RELATIONSHIPS						
In	N/O	N/A	**7.** Proper hot and cold holding temperatures		4	2
In	N/O	N/A	**8.** Time as a public health control; procedures & record		4	2
In	N/O	N/A	**9.** Proper cooling methods		4	2
In	N/O	N/A	**10.** Proper cooking time & temperatures		4	
In	N/O	N/A	**11.** Proper reheating procedures for hot holding		4	
PROTECTION FROM CONTAMINATION						
In	N/O	N/A	**12.** Returned and reservice of food			2
In			**13.** Food in good condition, safe and unadulterated		4	2
In	N/O	N/A	**14.** Food contact surfaces: clean and sanitized		4	2

				COS	MAJ	OUT
FOOD FROM APPROVED SOURCES						
In			**15.** Food obtained from approved source		4	
In	N/O	N/A	**16.** Compliance with shell stock tags, condition, display			2
In	N/O	N/A	**17.** Compliance with Gulf Oyster Regulations			2
CONFORMANCE WITH APPROVED PROCEDURES						
In		N/A	**18.** Compliance with variance, specialized process, and HACCP Plan			2
CONSUMER ADVISORY						
In	N/O	N/A	**19.** Consumer advisory provided for raw or undercooked foods			2
HIGHLY SUSCEPTIBLE POPULATIONS						
In		N/A	**20.** Licensed health care facilities/public and private schools; prohibited foods not offered		4	
WATER/HOT WATER						
In			**21.** Hot and cold water available		4	2
LIQUID WASTE DISPOSAL						
In			**22.** Sewage and wastewater properly disposed		4	2
VERMIN						
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 handler 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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35. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; CLEAN; GOOD REPAIR, CAPACITY

POINTS
1

Compliance date not specified
Not In Compliance
Violation Reference - HSC - 114130, 114130.1, 114130

Inspector Comments: Equipment shall be maintained clean and in good repair. Observed the faucet and drain pipe at the handsink at the Meat Dept. to be leaking. Repair to eliminate the leaks.

Violation Description: 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)

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
TITLE: