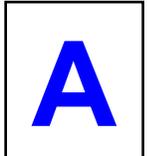




CAL CODE OFFICIAL INSPECTION REPORT

| | | | | |
|---|---------------------|--------------------------|---|---------------------------------|
| FACILITY NAME LA MICHOACANA ICE CREAM | | DATE 3/24/2016 | REINSPECTION DATE 4/07/2016 | PERMIT EXPIRATION 12/31/2016 |
| LOCATION 2252 S EUCLID AV, ONTARIO, CA 91762 | | | INSPECTOR Mark Willilams | |
| MAILING ADDRESS 2252 S EUCLID AV, ONTARIO CA 91762 | | | IDENTIFIER: None | |
| | | | SERVICE: 001 - Inspection - Routine | |
| | | | RESULT: 05 - Corrective Action / Follow up Required | |
| | | | ACTION: 03 - Reinspection Required | |
| TIME IN 1:55 PM | TIME OUT 5:10 PM | FACILITY ID FA0029614 | RELATED ID PR0038619 | PE 1620 |

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](#).



SCORE 100

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.

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 |
|--------------------------------------|-----|--|-----|-----|-----|
| 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 | | 4 | 2 |
| In | N/O | N/A | | 4 | 2 |
| In | N/O | N/A | | 4 | 2 |
| In | N/O | N/A | | 4 | |
| In | N/O | N/A | | 4 | |
| PROTECTION FROM CONTAMINATION | | | | | |
| In | N/O | N/A | | | 2 |
| In | | 13. Food in good condition, safe and unadulterated | | 4 | 2 |
| In | N/O | N/A | | 4 | 2 |

| FOOD FROM APPROVED SOURCES | | | COS | MAJ | OUT |
|--------------------------------------|-----|---|-----|-----|-----|
| In | | 15. Food obtained from approved source | | 4 | |
| In | N/O | N/A | | | 2 |
| In | N/O | N/A | | | 2 |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | | |
| In | | N/A | | | 2 |
| CONSUMER ADVISORY | | | | | |
| In | N/O | N/A | | | 2 |
| HIGHLY SUSCEPTIBLE POPULATIONS | | | | | |
| In | | N/A | | 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 | |



CAL CODE OFFICIAL INSPECTION REPORT

| | |
|---|-----------------------------|
| FACILITY NAME LA MICHOACANA ICE CREAM | DATE 3/24/2016 |
| LOCATION 2252 S EUCLID AV, ONTARIO, CA 91762 | INSPECTOR Mark Willilams |

53. IMPOUNDMENT

| | | |
|---------------|--|---|
| POINTS | Compliance date not specified Not In Compliance Violation Reference - HSC - 114393 | <p>Inspector Comments: On this date the large piece of equipment located in the rear prep area and is used to cool trays of ice cream bars has been impounded. Immediately discontinue use of this equipment. This equipment is not approved by this agency.</p> <p>The person in charge also stated that he did not know what was contained in the green liquid that is used and was observed in this equipment. Immediately submit plans to the SB County Plan Check Department for approval. Also please provide detailed information and proof as to what is contained in the green liquid in this equipment.</p> <p>This equipment has been impounded. Immediately discontinue use of this equipment. Immediately submit plans to SB county plan check department for approval.</p> |
|---------------|--|---|

Violation Description: An enforcement officer may impound food, equipment, or utensils that are found to be adulterated, unsanitary, or in disrepair. (114393)

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
TITLE: