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
SRSA ENTERPRISE INC DBA SANTA FE MARKET	4/19/2016	Next Routine	9/30/2015

LOCATION	INSPECTOR
1150 W BASELINE ST, SAN BERNARDINO, CA 92411	Duane ODonnell

MAILING ADDRESS: 1150 W BASELINE ST, SAN BERNARDINO, CA 92411 ☑FACILITY ☐OWNER ☐ACCOUNT

IDENTIFIER: None
SERVICE: 001 - Inspection - Routine
RESULT: 03 - Corrective Action / No Follow up Required
ACTION: 01 - No Further Action Required

TIME IN	TIME OUT	FACILITY ID	RELATED ID	PE
1:40 PM	2:00 PM	FA0010215	PR0004250	1619

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**

	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	**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

	FOOD FROM APPROVED SOURCES	COS	MAJ	OUT
(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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39. THERMOMETERS PROVIDED AND ACCURATE

POINTS 1

Compliance date not specified
Not In Compliance
Violation Reference - HSC - 114157, 114159

Inspector Comments: 39 - A thermometer shall be provided for each hot and cold holding unit of potentially hazardous foods. Observed that a thermometer was not provided for the display cooler on the front self serve counter. Directed operator to provide a thermometer for the cooler.

Violation Description: 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)

More Information: http://www.sbcounty.gov/uploads/dph/dehs/Depts/EnvironmentalHealth/FormsPublications/CalibratingThermometer.pdf

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
TITLE: