



Public Health
Environmental Health Services

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RETAIL FOOD PLAN CHECK - OFFICIAL PLAN REVIEW REPORT

FACILITY NAME Arco AM / PM		DATE 4/29/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION
LOCATION 10087 SIERRA AV, FONTANA, CA 92335			INSPECTOR Robert Adams	
MAILING ADDRESS 350 N GLENOAKS BL 307 BURBANK, CA 91502			IDENTIFIER: None	
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT			SERVICE: 126 - PLAN CHECK FIELD INSPECTION	
TIME IN 10:39 AM	TIME OUT 11:16 AM	FACILITY ID FA0008051	RELATED ID SR0062324	PE 1765
			RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE	
			ACTION: 01 - NO FURTHER ACTION REQUIRED	

RETAIL FOOD PLAN CHECK - PInCk PEP New 0-1,499 SqFt

17K985 Plans - Final Inspection

Compliance Date: Not Specified **Inspector Comments:** Facility approved to open once the follow items have been addressed. District inspector to follow up on the remaining items.

Not In Compliance

Reference - HSC

Description: Final inspection hereby gives facility approvals to open pending the listed violations are corrected as specified.

17K302 Storage - General

Compliance Date: Not Specified **Inspector Comments:** Observed 28 linear feet of dry storage shelving in place. Install 4 more linear feet minimum.

Not In Compliance

Reference - CCDEH Guidelines - CCDEH

Description: In addition to dry food working storage (i.e., over and under counter storage) and refrigeration storage, provide an adequate sized room or area for dry food backup storage and other food related storage items, which is equipped with a minimum of 32 linear feet (3-tier high = 96 feet) of approved ANSI Certified (NSF, UL, or ITS) wire rack shelves.

17K465 Disposal - Wastewater - Indirect - Installation

Compliance Date: Not Specified **Inspector Comments:** Observed ice machine condensate not set up but located adjacent to a floor sink. Ensure ice machine is plumbed to the floor sink.

Not In Compliance

Reference - CCDEH Guidelines - CCDEH

Description: All floor sinks must be installed flush with the floor, at least half exposed under equipment, with grate and strainer, and located within 15 feet of any condensate producing equipment, prep sink, and utensil sinks.

Overall Inspection Comments

Observed two refrigerator units not plugged in. Ensure all refrigeration is to 41F or below. Observed large walk-in and freezer unit to temperature.

Collected a check # 1052 for \$501.00 and a completed health permit application.

HW>120
 ST= OK

(DF)

Signature(s) of Acknowledgement

NAME:
 TITLE:
 Total # of Images: 0