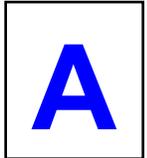




CAL CODE OFFICIAL INSPECTION REPORT

FACILITY NAME SUBWAY		DATE 8/17/2016	REINSPECTION Next Routine	PERMIT 3/31/2017
LOCATION 766 TENNESSEE ST, REDLANDS, CA 92373			INSPECTOR Ivy Saguan	
MAILING ADDRESS PO BOX 9866, REDLANDS CA 92375			IDENTIFIER: None	
			SERVICE: 001 - Inspection - Routine	
			RESULT: 03 - Corrective Action / No Follow up Required	
			ACTION: 01 - No Further Action Required	
TIME IN 11:10 AM	TIME OUT 12:30 PM	FACILITY ID FA0001384	RELATED ID PR0011100	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 95

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.

- 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 & ex		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 pro		4	2
<input checked="" type="radio"/> In		6. Adequate handwashing facilities supplied & accessi			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 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 type="radio"/> In	N/O	N/A	<input checked="" type="checkbox"/> +	<input checked="" type="checkbox"/> MAJ	2

FOOD FROM APPROVED SOURCES			COS	MAJ	OUT
<input checked="" type="radio"/> In		15. Food obtained from approved source		4	
<input type="radio"/> In	N/O	<input checked="" type="radio"/> N/A			2
<input type="radio"/> In	N/O	<input checked="" type="radio"/> N/A			2
CONFORMANCE WITH APPROVED PROCEDURES					
<input type="radio"/> In		<input checked="" type="radio"/> N/A			2
CONSUMER ADVISORY					
<input type="radio"/> In	N/O	<input checked="" type="radio"/> N/A			2
HIGHLY SUSCEPTIBLE POPULATIONS					
<input type="radio"/> In		<input checked="" type="radio"/> 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, u	1
FOOD STORAGE/DISPLAY/SERVICE	
30. Food storage; food storage containers identify	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, use	1
35. Equipment/Utensils approved; installed; clean; good repair, c	1
36. Equipment, utensils and linens: storage and use	1
38. Adequate ventilation and lighting; designated area	1
39. Thermometers provided and accurate	<input checked="" type="checkbox"/> MAJ
40. Wiping cloths: properly used and stored	1
PHYSICAL FACILITIES	
41. Plumbing: proper backflow devices	1
42. Garbage and refuse properly disposed; facilities	1
43. Toilet facilities: properly constructed, supplied, c	1
44. Premises; personal/cleaning items; vermin-proof	1

PERMANENT FOOD FACILITIES	OUT
45. Floor, walls, ceilings: built, maintained, and clean	1
46. No unapproved private homes/living or sleeping	1
SIGNS REQUIREMENTS	
47. Signs posted; last inspection report available	1
48. Food handler cards	3
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 SUBWAY	DATE 8/17/2016
LOCATION 766 TENNESSEE ST, REDLANDS, CA 92373	INSPECTOR Ivy Saguan

14. FOOD CONTACT SURFACES: CLEAN AND SANITIZED

⚠ CRITICAL ⚠

POINTS

4

Compliance date not specified
Complied on 8/17/2016
Violation Reference - HSC -
113984(e), 114097, 114099

Inspector Comments: Observed employee used knife to cut cooked meat and stored soiled knife into the magnetic knife rack without cleaning and sanitizing knife.

Food contact utensils shall be washed with soap and hot water, rinsed, sanitized with approved sanitary solution of 100ppm chlorine or 200ppm quaternary ammonium, and then air dry before storage.

Employee was advised of proper sanitation process of food contact surface and utensils, employee then removed soiled knife from the knife rack, cleaned and sanitized knife and knife rack. Critical Health Violation corrected on site.

Violation Description: All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(e), 114097, 114099.1, 114099.4, 114099.6, 114101 (b-d), 114105, 114109, 114111, 114113, 114115 (a, b, d), 114117, 114125(b), 114135, 114141)

More Information:

http://www.sbcounty.gov/uploads/dph/dehs/Depts/EnvironmentalHealth/FormsPublications/Towel_Sanitizing_solution_Eng_Spn_final_11_30_11.pdf

39. THERMOMETERS PROVIDED AND ACCURATE

POINTS

1

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

Inspector Comments: Observed no thermometer inside the cooler directly underneath the oven.

Provide thermometer in the cooler underneath oven.

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

Hand wash sink hot water measured at 116F, 3 compartment sink measured at 132F.

Sanitizing solution at sanitizer bucket measured at 200ppm quaternary ammonium.

Hot holding food were held at 140F - 160F, cold holding food were held at 35F - 40F.

Letter grade "A" was posted at this date.

Signature(s) of Acknowledgement

NAME: abel habte
TITLE: