



**Public Health**  
**Environmental Health Services**  
**CAL CODE OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>ITALIAN KITCHEN</b>		DATE <b>6/30/2015</b>	REINSPECTION DATE <b>7/14/2015</b>	PERMIT EXPIRATION <b>6/30/2015</b>
LOCATION <b>16409 YUCCA , HESPERIA, CA 92345</b>			INSPECTOR <b>Mahury Flores</b>	
MAILING ADDRESS <b>15525 LIME ST, HESPERIA CA 92345</b>			IDENTIFIER: None	
			SERVICE: 001 - Inspection - Routine	
			RESULT: 05 - Corrective Action / Follow up Required	
			ACTION: 03 - Reinspection Required	
TIME IN <b>3:21 PM</b>	TIME OUT <b>4:30 PM</b>	FACILITY ID <b>FA0007856</b>	RELATED ID <b>PR0007016</b>	PE <b>1621</b>

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. 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.

Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$4.08 per 1 minute with a minimum time of 30 minutes, and a minimum charge of \$122.50.



**SCORE 96**

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
<span style="color: green;">○</span> In	N/O	1. Demonstration of knowledge; food safety certification			2
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<span style="color: green;">○</span> In		2. Communicable disease; reporting, restrictions & excl		4	
<span style="color: green;">○</span> In	N/O	3. No discharge from eyes, nose, and mouth			2
<span style="color: green;">○</span> In	N/O	4. Proper eating, tasting, drinking or tobacco use			2
PREVENTING CONTAMINATION BY HANDS					
<span style="color: green;">○</span> In	N/O	5. Hands clean and properly washed; gloves used prop		4	2
<span style="color: green;">○</span> In		6. Adequate handwashing facilities supplied & accessib			2
TIME AND TEMPERATURE RELATIONSHIPS					
<span style="color: green;">○</span> In	N/O	N/A		4	2
In	N/O	<span style="color: blue;">○</span> N/A		4	2
<span style="color: green;">○</span> In	N/O	N/A		4	2
<span style="color: green;">○</span> In	N/O	N/A		4	
<span style="color: green;">○</span> In	N/O	N/A		4	
PROTECTION FROM CONTAMINATION					
<span style="color: green;">○</span> In	N/O	N/A			2
In			<span style="color: green;">+</span>	4	<span style="color: red;">⊗</span>
In	N/O	<span style="color: blue;">○</span> N/A		4	2

FOOD FROM APPROVED SOURCES			COS	MAJ	OUT
<span style="color: green;">○</span> In		15. Food obtained from approved source		4	
In	N/O	<span style="color: blue;">○</span> N/A			2
In	N/O	<span style="color: blue;">○</span> N/A			2
CONFORMANCE WITH APPROVED PROCEDURES					
In		<span style="color: blue;">○</span> N/A			2
CONSUMER ADVISORY					
In	N/O	<span style="color: blue;">○</span> N/A			2
HIGHLY SUSCEPTIBLE POPULATIONS					
In		<span style="color: blue;">○</span> N/A		4	
WATER/HOT WATER					
<span style="color: green;">○</span> In		21. Hot and cold water available		4	2
LIQUID WASTE DISPOSAL					
<span style="color: green;">○</span> In		22. Sewage and wastewater properly disposed		4	2
VERMIN					
<span style="color: green;">○</span> 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	<span style="color: red;">⊗</span>
COMPLIANCE & ENFORCEMENT	
49. Permits Available	
50. Restrooms Required	
51. Plan Review	
52. VC&D	<span style="color: red;">⊗</span>
53. Impoundment	
54. Permit Suspension	



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[www.SBCounty.gov](http://www.SBCounty.gov)

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FACILITY NAME ITALIAN KITCHEN	DATE 6/30/2015
LOCATION 16409 YUCCA, HESPERIA, CA 92345	INSPECTOR Mahury Flores

**13. FOOD IN GOOD CONDITION, SAFE AND UNADULTERATED**

<b>POINTS</b> <span style="font-size: 2em; color: red;">2</span>	Compliance date not specified Complied on 6/30/2015 Violation Reference - HSC - 113967, 113976,	<b>Inspector Comments:</b> Maintain liquor bottles free from becoming adulterated.  Observed fruit fly inside Chivas Regal Premium Scotch Whiskey.  Corrective action:  Operator voluntarily discarded liquor. See VC & D.
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**Violation Description:** All food shall be manufactured, produces, prepared, compounded, packed, transported, kept for sale, and served so as to be pure and free from adulteration and spoilage. Any food is adulterated if it bears or contains any poisonous or deleterious substance that may render it impure or injurious to health. (113967, 113976, 113980, 113988, 113990, 114035, 114254(c), 114254.3)

**More Information:** <http://www.sbcounty.gov/uploads/dph/dehs/Depts/EnvironmentalHealth/FormsPublications/TransFatFlyer22012.pdf>

**48. FOOD HANDLER CERTIFICATION**

<b>POINTS</b> <span style="font-size: 2em; color: red;">2</span>	Compliance date not specified Not In Compliance Violation Reference - SBCC - 33.0409	<b>Inspector Comments:</b> Obtain valid San Bernardino county food worker card within 14 days and fax to (909) 387-4272. Non-compliance will result in billable re-inspection charged at a rate of \$245.00 per hour.  Observed one non- San Bernardino food worker card.
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**Violation Description:** This facility is currently in violation with the food handler certification requirement for San Bernardino County, which states all food handlers must obtain a valid food handler certificate within fourteen (14) days of employment (33.0410, 33.044). Failure to provide proof of food handler certification within fourteen (14) days will result in unannounced billable (at our current hourly rate) re-inspections to verify compliance.

This facility operator must complete the "Missing Food Handler" form provided by the inspector and fax to 909-387-4272.

**More Information:** [http://www.sbcounty.gov/dph/dehs/Depts/EnvironmentalHealth/FIRST/food\\_worker\\_training.aspx](http://www.sbcounty.gov/dph/dehs/Depts/EnvironmentalHealth/FIRST/food_worker_training.aspx)

**52. VC & D**

<b>POINTS</b> <span style="font-size: 2em; color: red;">0</span>	Compliance date not specified Not In Compliance Violation Reference - HSC - 113980	<b>Inspector Comments:</b> Operator voluntarily discarded 2 ounces of chivas regal premium scotch whiskey.
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**Violation Description:** Operator has voluntarily consented to the condemnation and destruction of food as said material being unfit for human consumption or otherwise in violation of California Health and Safety Code, Division 104, Part 5, Chapter 1 through 8, the disposition of which is provided for by Chapter 8, Article 3, Section 111895.

"I (We) hereby voluntarily agree to the condemnation and destruction of the following material(s) listed in violation number 52. By signing this Official Inspection Report (OIR), I (We) hereby release the County of San Bernardino and its agent from any and all liability."

**Overall Inspection Comments**

"A" letter grade posted.

**Signature(s) of Acknowledgement**

NAME: Michael Tuozzo  
 TITLE: Owner