



Public Health
Environmental Health Services
CAL CODE OFFICIAL INSPECTION REPORT

| | | | | |
|--|---------------------|--------------------------|--|--------------------------------|
| FACILITY NAME CROSSROADS FUEL | | DATE 3/10/2015 | REINSPECTION DATE 3/24/2015 | PERMIT EXPIRATION 9/30/2015 |
| LOCATION 913 BARSTOW RD, BARSTOW, CA 92311 | | | INSPECTOR Dawn LaFlower | |
| MAILING ADDRESS 913 BARSTOW RD, BARSTOW, CA 92311 | | | IDENTIFIER: None | |
| TIME IN 2:28 PM | TIME OUT 2:49 PM | FACILITY ID FA0000066 | RELATED ID PR0013330 | PE 1648 |
| | | | SERVICE: 001 - Inspection - Routine RESULT: 05 - Corrective Action / Follow up Required ACTION: 03 - Reinspection Required | |

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 \$61.25 per 15 minutes with a minimum time of 30 minutes, and a minimum charge of \$122.50.



SCORE 98

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 | | | | 4 | 2 |
| LIQUID WASTE DISPOSAL | | | | | |
| In | | | | 4 | 2 |
| VERMIN | | | | | |
| In | | | | 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 worker 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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48. FOOD WORKER CERTIFICATION

| | | |
|--|---|---|
| POINTS 2 | Compliance date not specified Not In Compliance Violation Reference - SBCC - 33.0410, 33.044 | Inspector Comments: Obtain a valid Food Worker Card and FAX the completed verification form within 14 calendar days. Observed employee with an expired Food Worker Card. Ensure to FAX the completed verification form within 14 calendar days to avoid a charged reinspection of \$245.00 per hour with a 1/2 hour minimum. |
|--|---|---|

Violation Description: This facility is currently in violation with the food worker certification requirement for San Bernardino County, which states all food workers must obtain a valid food worker certificate within fourteen (14) days of employment (33.0410, 33.044). Failure to provide proof of food worker 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 Worker" 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

Overall Inspection Comments

"A" grade card posted

Observed facility in very clean condition. Thank you!

Signature(s) of Acknowledgement

NAME: Paul Rosano
 TITLE: Manager