385 N. Arrowhead Ave. 2nd Floor, San Bernardino, CA 92415-0160 | Phone: 800.442.2283 Fax: 909.387.4323
www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health

Environmental Health Services

CAL CODE OFFICIAL INSPECTION REPORT

FACILITY NAME	DATE	REINSPECTION DATE	PERMIT EXPIRATION
		Not Specified	

LOCATION	INSPECTOR
Not Specified	

MAILING ADDRESS	☐FACILITY ☐OWNER ☐ACCOUNT	IDENTIFIER: None
Not Specified		SERVICE: Not Specified
		RESULT: Not Specified
		ACTION: Not Specified

TIME IN	TIME OUT	FACILITY ID	RELATED ID	PE
Not Specified	Not Specified	Not Specified		

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 reinspection at a charge of .

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.

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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FACILITY NAME	DATE
LOCATION Not Specified	INSPECTOR

. ⚠ **CRITICAL** ⚠

Compliance date not specified

Not In Compliance

Inspector Comments:

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
TITLE: