385 N Arrowhead Ave, San Bernardino, CA 92415 | Phone: 800.442.2283 Fax: 909.387.4323
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SAN BERNARDINO COUNTY

Public Health
Environmental Health Services

CAL CODE OFFICIAL INSPECTION REPORT

FACILITY NAME	DATE	REINSPECTION DATE	PERMIT EXPIRATION
MOTHER'S NUTRITIONAL CENTER	9/15/2016	Next Routine	3/31/2017

LOCATION	INSPECTOR
1136 N MOUNT VERNON AV 201, SAN BERNARDINO, CA 92411	Duane ODonnell

MAILING ADDRESS: 13635 FREEWAY DR, SANTA FE SPRINGS CA 90670 ☐FACILITY ☐OWNER ☑ACCOUNT

TIME IN	TIME OUT	FACILITY ID	RELATED ID	PE
3:45 PM	4:04 PM	FA0023828	PR0031153	1683

IDENTIFIER: None
SERVICE: 001 - Inspection - Routine
RESULT: 01 - Corrective Action Not Required
ACTION: 01 - No Further Action Required

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.

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.

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SCORE 100

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

			COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					
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

			COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
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
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	3
COMPLIANCE & ENFORCEMENT	
49. Permits Available	
50. Restrooms Required	
51. Plan Review	
52. VC&D	
53. Impoundment	
54. Permit Suspension	

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IMPORTANT: Risk Based Inspection Frequency

Food facilities that pose a higher risk level for causing foodborne illness will be subject to an additional inspection, to be billed at the hourly rate as provided in the San Bernardino County Code Schedule of Fees. Facilities that received one or more of the following will be elevated to a high risk tier:

- A score letter of "C" or lower on one of the last graded inspections,
- A score letter of "B" on two of the last three graded inspections,
- Repeated "four (4) point violation Risk Factor" (critical violation codes 1-23) on the last two inspections, or
- More than three (3) critical violations (codes 1-23) noted during an inspection.

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

AR

NAME: ana rodriguez
TITLE: