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 |
|---|---|---|---|
| SIERRA E M CHEVRON | 5/4/2015 | Next Routine | 8/31/2015 |

| LOCATION | INSPECTOR |
|---|---|
| 10510 SIERRA AV, FONTANA, CA 92337 | Patrick Baccari |

MAILING ADDRESS: 10510 SIERRA AV, FONTANA CA 92337 ☐FACILITY ☐OWNER ☑ACCOUNT

IDENTIFIER: None
SERVICE: 001 - Inspection - Routine
RESULT: 03 - Corrective Action / No Follow up Required
ACTION: 01 - No Further Action Required

| TIME IN | TIME OUT | FACILITY ID | RELATED ID | PE |
|---|---|---|---|---|
| 2:45 PM | 3:31 PM | FA0021390 | PR0028614 | 1648 |

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.

**A**

**SCORE 92**

**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

| | | | | | | 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 |
| **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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| LOCATION | INSPECTOR |
| 10510 SIERRA AV, FONTANA, CA 92337 | Patrick Baccari |

## 6. ADEQUATE HANDWASHING FACILITIES SUPPLIED & ACCESSIBLE

**POINTS 2**

**Compliance date not specified**
**Not In Compliance**
**Violation Reference -**

**Inspector Comments:** Lack of required soap in an operable wall mounted dispenser at hand wash beside three compartments sink..

**Violation Description:** Handwashing soap and towels or drying device shall be provided in dispensers; dispensers shall be maintained in good repair. (113953.2) Adequate facilities shall be provided for hand washing. (113953, 113953.1, 114067(f)). Handwashing sink is not separated from a warewashing sink by a 6 inch high metal splashguard or 24 inch separation. (113953) Handwashing sinks shall not be obstructed, inaccessible, used improperly or kept unclean. (113953.1)

## 14. FOOD CONTACT SURFACES: CLEAN AND SANITIZED ⚠ CRITICAL ⚠

**POINTS 4**

**Compliance date not specified**
**Complied on 5/4/2015**
**Violation Reference - HSC - 113984(e), 114097, 114099**

**Inspector Comments:** Final rinse for manual ware washing sanitizer was not performed. Employee directed to use sanitizer on final rinse 200 ppm quaternary sanitizer for one minute.

**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

## 35. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; CLEAN; GOOD REPAIR, CAPACITY

**POINTS 1**

**Compliance date not specified**
**Not In Compliance**
**Violation Reference - HSC - 114130, 114130.1, 114130**

**Inspector Comments:** Provide cleaning to coils to condenser inside walk in refrigerator.

Remove frozen foods from freezer with ice build up before it stops operating as a freezer.

**Violation Description:** All utensils and equipment shall be fully operative and in good repair. (114175). All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114177, 114180, 114182)

## 44. PREMISES; PERSONAL/CLEANING ITEMS; VERMIN-PROOFING

**POINTS 1**

**Compliance date not specified**
**Not In Compliance**
**Violation Reference - HSC - 114067 (j), 114123**

**Inspector Comments:** Provide cleaning to planter rocks / vegetation / gutter area.

**Violation Description:** The premises of each food facility shall be kept clean and free of litter and rubbish; all clean and soiled linen shall be properly stored; non-food items shall be stored and displayed separate from food and food-contact surfaces; the facility shall be kept vermin proof. (114067 (j), 114123, 114143 (a) & (b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282) Food preparation sinks, handwashing sinks and warewashing equipment shall not be used for the cleaning of maintenance tools, the holding of maintenance materials, or the disposal of liquid wastes. (114123) Open-air barbecue and/or outdoor wood burning oven must operate on the same premises, in conjunction with a permanent food facility and not in an area that may pose as a fire hazard. (114143(a) (b)) Janitorial sink or approved curbed cleaning facility (exemption for restricted food service facilities Section 114279 (b)) shall be provided. (114279(a)) First aid supplies must have a legible manufacturer's label and stored in a kit or container that is located to prevent contamination. (114256.4) Insect electrocution devices are not allowed in food or utensil handling areas. (114259.3)

## Overall Inspection Comments

No summary comments have been made for this inspection.

## Signature(s) of Acknowledgement

NAME: lalith
TITLE: