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 |
|---|---|---|---|
| TARTAN OF REDLANDS | 9/25/2015 | Next Routine | 3/31/2015 |

| LOCATION | INSPECTOR |
|---|---|
| 24 E REDLANDS BL, REDLANDS, CA 92373 | Carmen Funches |

MAILING ADDRESS: 24 E REDLANDS BL, REDLANDS, CA 92373 ☑FACILITY ☐OWNER ☐ACCOUNT

IDENTIFIER: None
SERVICE: 033 - Re-score Grade Inspection
RESULT: 03 - Corrective Action / No Follow up Required
ACTION: 01 - No Further Action Required

| TIME IN | TIME OUT | FACILITY ID | RELATED ID | PE |
|---|---|---|---|---|
| 11:06 AM | 12:05 PM | FA0009269 | PR0005787 | 1622 |

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 $4.08 per 1 minute with a minimum time of 30 minutes, and a minimum charge of $122.50.

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.

**A**

**SCORE 97**

**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**
Ë **COS = Corrected on-site** X **MAJ = Major violation** X **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 | Ë | 4 | X 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 | X 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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| LOCATION | INSPECTOR |
| 24 E REDLANDS BL, REDLANDS, CA 92373 | Carmen Funches |

## 14. FOOD CONTACT SURFACES: CLEAN AND SANITIZED

**POINTS**
**2**

**Compliance date not specified**
**Complied on 9/25/2015**
**Violation Reference - HSC - 113984(e), 114097, 114099**

**Inspector Comments:** Observed several dishes with water dripping on them stored for reuse in the back storage area.

Ensure all equipment and utensils are allowed to adequately air dry before being put away for storage or reused.

**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

## 40. WIPING CLOTHS: PROPERLY USED AND STORED

**POINTS**
**1**

**Compliance date not specified**
**Not In Compliance**
**Violation Reference - HSC - 114135, 114185.1**

**Inspector Comments:** Observed the chlorine sanitizer concentration at 10 ppm.

Ensure all sanitizer buckets maintain a minimum chlorine concentration of 100 ppm or a quat concentration of 200 ppm.

Corrected on site. Employee added more chlorine until the chlorine sanitizer level reached 100 ppm.

**Violation Description:** Wiping cloths used to wipe service counters, scales or other surfaces that may come into contact with food shall be used only once unless kept in clean water with sanitizer. (114135, 114185.1, 114185.3 (d-e)) Sponges shall not be used in contact with cleaned and sanitized or in-use food contact surfaces. (114135)

## Overall Inspection Comments

" A " grade posted.

## Signature(s) of Acknowledgement

NAME: Linda Crosby
TITLE: Manager