385 N. Arrowhead Ave. 2nd Floor, San Bernardino, CA 92415-0160 | 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 |
|---|---|---|---|
| LITTLE SISTERS TRUCK WASH | 10/30/2015 | Next Routine | 7/31/2016 |

LOCATION: 8899 THREE FLAGS AV, HESPERIA, CA 92345

INSPECTOR: Dawn LaFlower

MAILING ADDRESS: 25 ROLLING VIEW, FALLBROOK CA 92028 ☐FACILITY ☐OWNER ☑ACCOUNT

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

| TIME IN | TIME OUT | FACILITY ID | RELATED ID | PE |
|---|---|---|---|---|
| 10:51 AM | 11:32 AM | FA0011233 | PR0002552 | 1610 |

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 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

| | 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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| LOCATION | INSPECTOR |
| 8899 THREE FLAGS AV, HESPERIA, CA 92345 | Dawn LaFlower |

## Overall Inspection Comments

"A" grade card posted

No significant health violations observed.

## Signature(s) of Acknowledgement

NAME: Elsie
TITLE: pic