



Public Health
Environmental Health Services

CAL CODE OFFICIAL INSPECTION REPORT

| | | | | |
|---|----------------------------|---------------------------------|---|--|
| FACILITY NAME MR YOU CHINESE FOOD | | DATE 11/18/2015 | REINSPECTION DATE 12/02/2015 | PERMIT EXPIRATION 11/30/2015 |
| LOCATION 1627 S RIVERSIDE AV A, RIALTO, CA 92376 | | | INSPECTOR Patrick Baccari | |
| MAILING ADDRESS 1627 S RIVERSIDE AV A, RIALTO, CA 92376 | | | IDENTIFIER: None | |
| TIME IN 12:47 PM | TIME OUT 2:11 PM | FACILITY ID FA0010271 | RELATED ID PR0005379 | PE 1621 |
| | | | SERVICE: 001 - Inspection - Routine RESULT: 05 - Corrective Action / Follow up Required ACTION: 13 - Permit Suspended / Facility Closed | |

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.



SCORE 92

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 | ⊗ |
| 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 reserve 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 | ⊗ |
| 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 | ⊗ |
| 39. Thermometers provided and accurate | 1 |
| 40. Wiping cloths: properly used and stored | ⊗ |
| 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 | ⊗ |



Public Health
Environmental Health Services

CAL CODE OFFICIAL INSPECTION REPORT

| | |
|--|-------------------------------------|
| FACILITY NAME MR YOU CHINESE FOOD | DATE 11/18/2015 |
| LOCATION 1627 S RIVERSIDE AV A, RIALTO, CA 92376 | INSPECTOR Patrick Baccari |

54. PERMIT SUSPENSION

| | | |
|---------------------------|---|---|
| POINTS 0 | Compliance date not specified Not In Compliance Violation Reference - HSC - 114409, 114405 | Inspector Comments: Permit to operate is temporarily suspended for lack of pressurized hot water in an adequate volume to support current operation. Call for re-inspection to reopen when hot water in an adequate volume to support current operation is available. 1 800 442 2282 |
|---------------------------|---|---|

Violation Description: If an imminent health hazard is found, an enforcement officer may temporarily suspend the permit and order the food facility immediately closed. (114409, 114405)

7. PROPER HOT AND COLD HOLDING TEMPERATURES

| | | |
|---------------------------|--|--|
| POINTS 2 | Compliance date not specified Complied on 11/18/2015 Violation Reference - HSC - 113996, 113998, 114037 | Inspector Comments: Observed egg rolls were at 128°F in steam table. Operator stated egg rolls were fried about 30 minutes ago. Water was added to steam table in order for water to contact pans and in turn heat food items in wells. |
|---------------------------|--|--|

Violation Description: Potentially hazardous foods shall be held at or below 41F or at or above 135F. (113996, 113998, 114037, 114343(a))

More Information: http://www.sbcounty.gov/uploads/dph/dehs/Depts/EnvironmentalHealth/FormsPublications/510012_how_to_keep_food_out_of_danger_zone.pdf

21. HOT AND COLD WATER AVAILABLE ⚠ CRITICAL ⚠

| | | |
|---------------------------|---|--|
| POINTS 4 | Compliance date not specified Not In Compliance Violation Reference - HSC - 113953(c), 114099.2(b) | Inspector Comments: Observed no hot water was available at sinks in facility. Water heater has been disconnected from plumbing. A replacement water heater is on site with necessary connections. However, no installation time has been determined. The food facility is unable to provide hot water at temperatures at or above 110°F. (120°F required). Facility is hereby ordered closed for operation at this time due to no adequate hot water supply. Call 1 800 442 2283, for an inspection to reopen facility when pressurized hot water is available in sufficient quantity to operate. |
|---------------------------|---|--|

Violation Description: An adequate, protected, pressurized, potable supply of hot water and cold water shall be provided at all times. (113953(c), 114099.2(b) 114101(a), 114189, 114192, 114192.1, 114195)

38. ADEQUATE VENTILATION AND LIGHTING; DESIGNATED AREA

| | | |
|---------------------------|---|--|
| POINTS 1 | Compliance date not specified Not In Compliance Violation Reference - HSC - 114149, 114149.1 | Inspector Comments: Observed one vapor proof cover missing from light under hood. Replace missing vapor proof cover to light under hood. |
|---------------------------|---|--|

Violation Description: Exhaust hoods shall be provided to remove toxic gases, heat, grease, vapors and smoke and be approved by the local building department. Canopy-type hoods shall extend 6" beyond all cooking equipment. All areas shall have sufficient ventilation to facilitate proper food storage. Toilet rooms shall be vented to the outside air by a screened openable window, an air shaft, or a light-switch activated exhaust fan, consistent with local building codes. (114149, 114149.1) Adequate lighting shall be provided in all areas to facilitate cleaning and inspection. Light fixtures in areas where open food is stored, served, prepared, and where utensils are washed shall be of shatterproof construction or protected with light shields. (114149.2, 114149.3, 114252, 114252.1)



Public Health
Environmental Health Services
CAL CODE OFFICIAL INSPECTION REPORT

| | |
|---|------------------------------|
| FACILITY NAME MR YOU CHINESE FOOD | DATE 11/18/2015 |
| LOCATION 1627 S RIVERSIDE AV A, RIALTO, CA 92376 | INSPECTOR Patrick Baccari |

40. WIPING CLOTHS: PROPERLY USED AND STORED

| | | |
|--------------------|---|---|
| POINTS 1 | Compliance date not specified | Inspector Comments: Observed sanitizer level was at 50 ppm for chlorine. Use sanitizer solution strength of 100 ppm for wiping towels. |
| | Not In Compliance Violation Reference - HSC - 114135, 114185.1 | |

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

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME: vvvan
 TITLE: