



**RETAIL FOOD PROTECTION - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>CHAPTER TWO</b>			REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>Mechelle Rouse</b>	DATE <b>12/13/2018</b>
LOCATION <b>24957 REDLANDS BL, LOMA LINDA, CA 92354</b>			PERMIT EXPIRATION <b>5/31/2017</b>	IDENTIFIER: None	
TIME IN <b>10:51 AM</b>	TIME OUT <b>11:15 AM</b>	FACILITY ID <b>FA0009390</b>	RELATED ID <b>PR0008755</b>	PE <b>1620</b>	SERVICE: 112 - INVESTIGATION - LICENSE / PERMIT RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 01 - NO FURTHER ACTION REQUIRED

**RETAIL FOOD PROTECTION - Public Eating PI (0-24 Seats)**

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.

See the following pages for the code sections and general requirements that correspond to each violation listed below.

**16K991 Permit Investigation**

<p><b>Compliance Date:</b> Not Specified</p> <p><b>Not In Compliance</b></p> <p><b>Reference</b> - HSC</p>	<p><b>Inspector Comments:</b> The purpose of this inspection is to conduct a permit investigation.</p> <p>Upon concluding a complaint inspection, it has been noted that the following facility has been operating without an active health permit.</p> <p>A phone call was made to the office of Environmental Health which confirmed that the facility has not made a payment since 2016.</p> <p>The most current health permit observed and posted is from 5/31/2017.</p> <p>The facility will be given 48 hours to make a payment of 1267.50 or the facility will be closed down.</p>
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**Description:** Obtain a valid health permit within 3 days or as specified to avoid facility closure and/or other possible legal action.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME: Muong Pruan  
TITLE: Manager

Total # of Images: 0