County of San Bernardino • Department of Public Health
Division of Environmental Health Services

# COMMUNITY ENVIRONMENTAL HEALTH
# CAL CODE OFFICIAL INSPECTION REPORT

www.sbcounty.gov/dehs

**(800) 442-2283**

| FACILITY NAME | | | | DATE 3/1/2013 | SIGNATURE |
|---|---|---|---|---|---|
| LOCATION Not Specified | | | | | REINSPECTION DATE Not Specified / PERMIT EXPIRATION |
| MAILING ADDRESS Not Specified | | ☐FACILITY ☐OWNER ☐ACCOUNT | | | REHS Syed Farook |
| FA # FA0003200 | PR # Not Specified | SR # | CO # | PE 1619 | PROGRAM IDENTIFIER: None<br>SERVICE: 001 - Inspection - Routine |
| TIME IN 10:35 AM | TIME OUT 11:00 AM | CONTACT Not Captured | | | RESULT: 01 - Corrective Action Not Required<br>ACTION: 01 - No Further Action Required |

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.

**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<br>Food Safety Cert Name: Data not collected | | | 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 |
| **Sanitizer Type:** Chlorine Quaternary Ammonia Hot Water Other **Sanitizer Concentration** | | | | | | |

| | | | 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<br>_____Temp | | 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 | | REHS |
| Not Specified | | Syed Farook |

## *Non-critical Violations*

**99: Complaint Inspection**

| POINTS | |
|---|---|
| 0 | **Compliance date not specified**<br>**Not In Compliance** |

*Violation Description:* A complaint report has been received by Environmental Health.

*Inspector Comments:* The health department received a complaint stating that this facility was allowing pets into the store. Manager was asked about this complaint and he stated that store policy allow service animals in the store. He also stated that employees are not allowed to ask for proof of the service animal.

No pets observed during inspection.
Complaint closed.

## *Overall Inspection Comments*

No summary comments have been made for this inspection.