



## REQUEST FOR A RE-SCORE INSPECTION

### GENERAL INFORMATION

**THE INSPECTION RATE IS \$245.00 PER HOUR.**

A minimum of \$122.50 will be charged for the first 30 minutes of inspection time.

A Letter Grade Card will remain valid until the Health Official completes the next routine, re-score or elevated risk inspection.

A re-score inspection is a new, unscheduled, complete routine inspection that may be:

- a) Required by County Ordinance 33.1403, or
- b) Requested by the food facility.

This inspection will address any uncorrected violations noted on the prior Official Inspection Report (OIR) as well as any additional violations noted at this time. There is no guarantee that the facility will receive a higher grade or score. The food facility must pay a re-score inspection fee for a re-score inspection.

**Letter B Grade (Score of 80 to 89):**

A re-score inspection may be requested by a food facility that receives a "B" grade after the completion of an official, routine re-score or elevated risk inspection. This request is optional on the part of the facility, which may wish to attempt to improve their score or letter grade. A Health Official will complete the re-score inspection within ten (10) county business days of the food facility submitting a request for a re-score inspection.

**Letter C Grade (Score of 70 to 79):**

The food facility must correct the deficiencies listed in the OIR and must submit a written request for a re-score inspection to Environmental Health Services (EHS) within 30 days of the OIR. The Health Official will complete the re-score inspection within ten (10) county business days of the food facility submitting a request for a re-score inspection. A food facility failing to comply with the OIR, failing to attain at least a "B" grade on the re-score inspection or failing to request a re-score inspection within 30 days, may be immediately closed by the Health Official and remain closed until at least a "B" grade is achieved on a re-score inspection.

Complete the following information and submit by mail, email, fax or in person to your regional EHS office:

- Email: [ehs.customerservice@dph.sbcounty.gov](mailto:ehs.customerservice@dph.sbcounty.gov)
- 385 N. Arrowhead Ave, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0160
- 15900 Smoke Tree St. Suite 131, Hesperia, CA 92345
- 8575 Haven Ave. Suite 130, Rancho Cucamonga, CA 91730
- Fax: (909) 387-4323

**Indemnification** – The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

### FACILITY INFORMATION

Facility Name:		Facility Phone Number:	
Address:		City:	Zip Code:
PR # From Inspection Report:	PE# From Inspection Report:	FA # From Inspection Report:	

### OWNER/OPERATOR

<input type="checkbox"/>	<b>Electronic Signature Only</b> By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.	Date:
Owner/operator Signature:		
Print Name:		Cell Phone Number:

### FOR OFFICE USE ONLY

Contributor Number:	SR Number:	Received By:	Date Received:
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