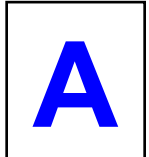




CAL CODE OFFICIAL INSPECTION REPORT

| | | | | |
|---|----------------------------|---------------------------------|---|---------------------------------------|
| FACILITY NAME CAL STATE UNIVERSITY / COMMONS | | DATE 11/16/2017 | REINSPECTION DATE Next Routine | PERMIT EXPIRATION 3/31/2018 |
| LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407 | | | INSPECTOR Lourdes Laninovich | |
| MAILING ADDRESS 5500 UNIVERSITY PKWY, SAN BERNARDINO CA 92407 | | | IDENTIFIER: C Store- Union SERVICE: 001 - Inspection - Routine RESULT: 01 - Corrective Action Not Required ACTION: 01 - No Further Action Required | |
| TIME IN 2:40 PM | TIME OUT 3:15 PM | FACILITY ID FA0010210 | RELATED ID PR0022840 | PE 1682 |

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](#).



SCORE 100

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.

- In = In compliance
 COS = Corrected on-site
- N/O = Not observed
 MAJ = Major violation
- N/A = Not applicable
 OUT = Out of compliance

| DEMONSTRATION OF KNOWLEDGE | | COS | MAJ | OUT |
|--------------------------------------|--|-----|-----|-----|
| <input checked="" type="radio"/> In | N/O 1. Demonstration of knowledge; food safety certification | | | 2 |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <input checked="" type="radio"/> In | 2. Communicable disease; reporting, restrictions & excl | | 4 | |
| <input checked="" type="radio"/> In | N/O 3. No discharge from eyes, nose, and mouth | | | 2 |
| <input checked="" type="radio"/> In | N/O 4. Proper eating, tasting, drinking or tobacco use | | | 2 |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| <input checked="" type="radio"/> In | N/O 5. Hands clean and properly washed; gloves used prop | | 4 | 2 |
| <input checked="" type="radio"/> In | 6. Adequate handwashing facilities supplied & accessib | | | 2 |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| <input checked="" type="radio"/> In | N/O N/A 7. Proper hot and cold holding temperatures | | 4 | 2 |
| <input type="radio"/> In | N/O <input checked="" type="radio"/> N/A 8. Time as a public health control; procedures & record | | 4 | 2 |
| <input type="radio"/> In | N/O <input checked="" type="radio"/> N/A 9. Proper cooling methods | | 4 | 2 |
| <input type="radio"/> In | N/O <input checked="" type="radio"/> N/A 10. Proper cooking time & temperatures | | 4 | |
| <input type="radio"/> In | N/O <input checked="" type="radio"/> N/A 11. Proper reheating procedures for hot holding | | 4 | |
| PROTECTION FROM CONTAMINATION | | | | |
| <input type="radio"/> In | N/O <input checked="" type="radio"/> N/A 12. Returned and reserve of food | | | 2 |
| <input checked="" type="radio"/> In | 13. Food in good condition, safe and unadulterated | | 4 | 2 |
| <input checked="" type="radio"/> In | N/O N/A 14. Food contact surfaces: clean and sanitized | | 4 | 2 |

| FOOD FROM APPROVED SOURCES | | COS | MAJ | OUT |
|--------------------------------------|---|-----|-----|-----|
| <input checked="" type="radio"/> In | 15. Food obtained from approved source | | 4 | |
| <input type="radio"/> In | N/O <input checked="" type="radio"/> N/A 16. Compliance with shell stock tags, condition, display | | | 2 |
| <input type="radio"/> In | N/O <input checked="" type="radio"/> N/A 17. Compliance with Gulf Oyster Regulations | | | 2 |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input type="radio"/> In | <input checked="" type="radio"/> N/A 18. Compliance with variance, specialized process, and HACCP Plan | | | 2 |
| CONSUMER ADVISORY | | | | |
| <input type="radio"/> In | N/O <input checked="" type="radio"/> N/A 19. Consumer advisory provided for raw or undercooked foods | | | 2 |
| HIGHLY SUSCEPTIBLE POPULATIONS | | | | |
| <input type="radio"/> In | <input checked="" type="radio"/> N/A 20. Licensed health care facilities/public and private schools; prohibited foods not offered | | 4 | |
| WATER/HOT WATER | | | | |
| <input checked="" type="radio"/> In | 21. Hot and cold water available | | 4 | 2 |
| LIQUID WASTE DISPOSAL | | | | |
| <input checked="" type="radio"/> In | 22. Sewage and wastewater properly disposed | | 4 | 2 |
| VERMIN | | | | |
| <input checked="" type="radio"/> 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 |
| 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 | 3 |
| COMPLIANCE & ENFORCEMENT | |
| 49. Permits Available | |
| 50. Restrooms Required | |
| 51. Plan Review | |
| 52. VC&D | |
| 53. Impoundment | |
| 54. Permit Suspension | |



CAL CODE OFFICIAL INSPECTION REPORT

| | |
|--|---------------------------------|
| FACILITY NAME CAL STATE UNIVERSITY / COMMONS | DATE 11/16/2017 |
| LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407 | INSPECTOR Lourdes Laninovich |

IMPORTANT: Risk Based Inspection Frequency

Food facilities that pose a higher risk level for causing foodborne illness will be subject to an additional inspection, to be billed at the hourly rate as provided in the San Bernardino County Code [Schedule of Fees](#). Facilities that received one or more of the following will be elevated to a high risk tier:

- A score letter of "C" or lower on one of the last two graded inspections,
- A score letter of "B" on two of the last three graded inspections,
- Repeated "four (4) point violation Risk Factor" (critical violation codes 1-23) on the last two inspections, or
- Four (4) or more critical violations (codes 1-23) noted during an inspection, or
- A permit suspension (closure) on your last graded inspection.

Overall Inspection Comments

No violations observed.

"A" card posted.

Signature(s) of Acknowledgement

NAME: cory cosio
TITLE: retail manager