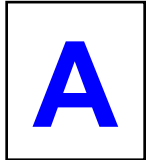




CAL CODE OFFICIAL INSPECTION REPORT

FACILITY NAME CAL STATE UNIVERSITY / COUSSOULIS ARENA		DATE 4/25/2017	REINSPECTION DATE Next Routine	PERMIT EXPIRATION 10/31/2017
LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407			INSPECTOR Anies Kondoker	
MAILING ADDRESS 5500 UNIVERSITY PKWY, SAN BERNARDINO CA 92407			IDENTIFIER: Coussoulis (Arena) SERVICE: 001 - Inspection - Routine RESULT: 03 - Corrective Action / No Follow up Required ACTION: 01 - No Further Action Required	
TIME IN 9:22 AM	TIME OUT 10:15 AM	FACILITY ID FA0001310	RELATED ID PR0011211	PE 1620

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 99

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	<input checked="" type="radio"/> N/O N/A 7. Proper hot and cold holding temperatures		4	2
<input checked="" type="radio"/> In	N/O <input checked="" type="radio"/> N/A 8. Time as a public health control; procedures & record		4	2
<input checked="" type="radio"/> In	<input checked="" type="radio"/> N/O N/A 9. Proper cooling methods		4	2
<input checked="" type="radio"/> In	<input checked="" type="radio"/> N/O N/A 10. Proper cooking time & temperatures		4	
<input checked="" type="radio"/> In	<input checked="" type="radio"/> N/O N/A 11. Proper reheating procedures for hot holding		4	
PROTECTION FROM CONTAMINATION				
<input checked="" type="radio"/> In	<input checked="" type="radio"/> N/O 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 checked="" type="radio"/> In	N/O <input checked="" type="radio"/> N/A 16. Compliance with shell stock tags, condition, display			2
<input checked="" type="radio"/> In	N/O <input checked="" type="radio"/> N/A 17. Compliance with Gulf Oyster Regulations			2
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="radio"/> In	<input checked="" type="radio"/> N/A 18. Compliance with variance, specialized process, and HACCP Plan			2
CONSUMER ADVISORY				
<input checked="" 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 checked="" 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	<input checked="" type="checkbox"/> MAJ
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 / COUSSOULIS ARENA	DATE 4/25/2017
LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407	INSPECTOR Anies Kondoker

35. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; CLEAN; GOOD REPAIR, CAPACITY

POINTS <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 24pt; font-weight: bold;">1</div>	Compliance date not specified Not In Compliance Violation Reference - HSC - 114130, 114130.1, 114130	Inspector Comments: Observed mold growth inside machine. Clean and maintain. Observed debris build-up on gasket of a fridge. Clean and maintain.
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Violation Description: All utensils and equipment shall be fully operative and in good repair. (114175). All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114177, 114180, 114182)

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 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
- More than three (3) critical violations (codes 1-23) noted during an inspection.

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
TITLE: