

FOOD FACILITY INSPECTION REPORT

Date: 10/6/25
Time In:
Time Out:

Facility Name:

Football Dining

Address:

2700 Hearst Ave

Permit #:

Exp. Date:

Permit Holder:

Beverly Dining

Type of Inspection:

Complaint / Routine

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					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	1. Food safety certification		<input type="checkbox"/> OUT	
Food Safety Certification Name:		Expiration Date:			
Gunda He Young		9/23/28			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	2. Communicable disease: reporting, restrictions & exclusions		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	3. No discharge from eyes, nose & mouth		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	4. Proper eating, tasting, drinking or tobacco use		<input type="checkbox"/>	
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	5. Hands clean & properly washed; gloves properly used		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	6. Adequate hand washing facilities supplied & accessible		<input type="checkbox"/>	
TIME & TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	7. Proper hot and cold holding temperatures //		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	8. Time as a public health control: procedures & records		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	9. Proper cooling methods		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	10. Proper cooking time & temperatures		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	11. Proper reheating procedures for hot holding		<input type="checkbox"/>	
PROTECTION FROM CONTAMINATION					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	12. Returned & reserve of food		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	13. Food in good condition, safe & unadulterated		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	14. Food contact surfaces: clean & sanitized		<input type="checkbox"/>	
sanitizer type: <input checked="" type="checkbox"/> quaternary ammonium <input type="checkbox"/> hot water <input type="checkbox"/> other:					
sanitizer concentration (ppm): 700 ppm location:					
FOOD FROM APPROVED SOURCES					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	15. Food obtained from approved sources		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	16. Compliance with shell stock tags, condition & display		<input type="checkbox"/>	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	17. Compliance with Gulf Oyster Regulations		<input type="checkbox"/>	
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/A	18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan		<input type="checkbox"/>	
CONSUMER ADVISORY					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/O	19. Consumer advisory provided for raw/ undercooked foods		<input type="checkbox"/>	
HIGHLY SUSCEPTIBLE POPULATIONS					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/A	20. Licensed health care facilities/ public & private schools; prohibited foods not offered		<input type="checkbox"/>	
HOT WATER/ COLD WATER					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/A	21. Hot & cold water available: cold temp. (°F) 103.2°F hot temp. (°F) 124.1°F		<input type="checkbox"/>	
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/A	22. Sewage & wastewater properly disposed		<input type="checkbox"/>	
VERMIN					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> N/A	23. No rodents, insects, birds or animals		<input type="checkbox"/>	

SUPERVISION OUT	
<input checked="" type="checkbox"/> 24.	Person in charge present & performs duties
PERSONAL CLEANLINESS	
<input checked="" type="checkbox"/> 25.	Personal cleanliness & hair restraints
GENERAL FOOD SAFETY REQUIREMENTS	
<input checked="" type="checkbox"/> 26.	Approved thawing methods used, frozen food
<input checked="" type="checkbox"/> 27.	Food separated & protected
<input checked="" type="checkbox"/> 28.	Fruits & vegetables washed
<input checked="" type="checkbox"/> 29.	Toxic substances properly identified, stored & used
FOOD STORAGE/ SERVICE/ DISPLAY	
<input checked="" type="checkbox"/> 30.	Food storage containers identified
<input checked="" type="checkbox"/> 31.	Consumer self-service
<input checked="" type="checkbox"/> 32.	Food properly labeled & honestly presented
EQUIPMENT/ UTENSILS/ LINENS	
<input checked="" type="checkbox"/> 33.	Nonfood-contact surfaces clean
<input checked="" type="checkbox"/> 34.	Warewashing facilities: installed, maintained & used; <u>test strips</u>
<input checked="" type="checkbox"/> 35.	Equipment & utensils: approved, installed & clean; good repair; capacity
<input checked="" type="checkbox"/> 36.	Equipment, utensils & linens: properly used & stored
<input checked="" type="checkbox"/> 37.	Vending machines
<input checked="" type="checkbox"/> 38.	Adequate ventilation & lighting; designated areas; use
<input checked="" type="checkbox"/> 39.	Thermometers: <u>provided & accurate</u>
<input checked="" type="checkbox"/> 40.	Wiping cloths: properly used & stored
PHYSICAL FACILITIES	
<input checked="" type="checkbox"/> 41.	Plumbing: proper backflow devices; leaks
<input checked="" type="checkbox"/> 42.	Garbage & refuse: properly disposed; facilities maintained
<input checked="" type="checkbox"/> 43.	Toilet facilities: properly constructed, supplied & cleaned
<input checked="" type="checkbox"/> 44.	Premises; personal cleaning items; vermin-proofing
PERMANENT FOOD FACILITIES	
<input checked="" type="checkbox"/> 45.	Floors, walls & ceilings: built, maintained & cleaned
<input checked="" type="checkbox"/> 46.	No unapproved private homes/ living or sleeping quarters
SIGNS/ REQUIREMENTS	
<input checked="" type="checkbox"/> 47.	Signs posted; last inspection report available
COMPLIANCE & ENFORCEMENT	
<input checked="" type="checkbox"/> 48.	Plan review
<input checked="" type="checkbox"/> 49.	Permits available
<input checked="" type="checkbox"/> 50.	Impoundment
<input checked="" type="checkbox"/> 51.	Permit suspension

See reverse side for the code sections and general requirements that correspond to each violation listed above.

Received by (print):

Don L Persons Jr

Received by (signature):

Signature of Don L Persons Jr

Specialist (print):

Stephanie Hesser, PETS

Specialist (signature):

Signature of Stephanie Hesser

Title:

General Manager

Phone:

(510) 643 3073

REINSPECTION DATE

Documentation required for all facilities with PHF

Documentation required for all facilities with PHF				<input type="checkbox"/> NO PHF		Inspector Thermometer #:			
Type of Food	Temp. (T)	Violation (P)	Process/Holding Location	Food Discarded (amount)	Type of Food	Temp. (T)	Violation (P)	Process/Holding Location	Food Discarded (amount)
grilled ham	36.0 °F		walk in "A"		cooked rice	156.8 °F		warmers "F"	
cooked rice	36.2 °F		walk in "C"		cooked meat	152.9 °F		sewing line	
cooked rice (white)	36.9 °F		walk in "C"		cooked vegetables	160.7 °F		sewing line	
uncooked (raw)	36.0 °F		walk in "C"						
diced onions	35.4 °F		walk in "D"						

OBSERVATIONS & CORRECTIVE ACTIONS

complaint-based inspection conducted this date.

EH's received complaint regarding possible food-related illness from faculty. Complainant stated vomiting roughly four hours after ingesting meal from Foothill Dining.

inspection conducted includes full routine inspection and specific attention to food items in question including temperature log review and food holding policies.

- observed excellent handwashing and restroom hygiene protocols.
- All temperatures measured ok at time of inspection
- Ice machine observed clean at time of inspection

No violations were observed during time of inspection.

FOOD FACILITY INSPECTION REPORT

Date: 9/17/25
Time In:
Time Out:

Facility Name: **Foothill Dining** Address: **2700 Hearst Ave**
Permit #: **Berkeley Dining** Permit Holder: **Berkeley Dining** Type of Inspection: **ROUTINE**
Exp. Date:

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					
<input checked="" type="checkbox"/> N/O	1. Food safety certification				
Food Safety Certification Name: Gung He Young Expiration Date: 9/23/28					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="checkbox"/> N/O	2. Communicable disease: reporting, restrictions & exclusions				
<input checked="" type="checkbox"/> N/O	3. No discharge from eyes, nose & mouth				
<input checked="" type="checkbox"/> N/O	4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/> N/O	5. Hands clean & properly washed; gloves properly used				
<input checked="" type="checkbox"/> N/O	6. Adequate hand washing facilities supplied & accessible				
TIME & TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/> N/O	7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/> N/O	8. Time as a public health control: procedures & records				
<input checked="" type="checkbox"/> N/O	9. Proper cooling methods				
<input checked="" type="checkbox"/> N/O	10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/> N/O	11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION					
<input checked="" type="checkbox"/> N/O	12. Returned & reserve of food				
<input checked="" type="checkbox"/> N/A	13. Food in good condition, safe & unadulterated				
<input checked="" type="checkbox"/> N/O	14. Food contact surfaces: clean & sanitized				✓
Sanitizer type: <input checked="" type="checkbox"/> chlorine <input checked="" type="checkbox"/> quaternary ammonium <input type="checkbox"/> hot water <input type="checkbox"/> other: sanitizer concentration (ppm): 200ppm location:					
FOOD FROM APPROVED SOURCES					
<input checked="" type="checkbox"/> IN	15. Food obtained from approved sources				
<input checked="" type="checkbox"/> N/O	16. Compliance with shell stock tags, condition & display				
<input checked="" type="checkbox"/> N/A	17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="checkbox"/> IN	18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan				
CONSUMER ADVISORY					
<input checked="" type="checkbox"/> N/A	19. Consumer advisory provided for raw, undercooked foods				
HIGHLY SUSCEPTIBLE POPULATIONS					
<input checked="" type="checkbox"/> IN	20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
HOT WATER/ COLD WATER					
<input checked="" type="checkbox"/> IN	21. Hot & cold water available: cold temp. (°F) 104.2°F hot temp. (°F) 129.8°F				
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/> IN	22. Sewage & wastewater properly disposed				
VERMIN					
<input checked="" type="checkbox"/> IN	23. No rodents, insects, birds or animals				

See reverse side for the code sections and general requirements that correspond to each violation listed above.

SUPERVISION OUT	
<input checked="" type="checkbox"/> N/O	24. Person in charge present & performs duties ✓
PERSONAL CLEANLINESS	
<input checked="" type="checkbox"/> N/O	25. Personal cleanliness & hair restraints ✓
GENERAL FOOD SAFETY REQUIREMENTS	
<input checked="" type="checkbox"/> N/O	26. Approved thawing methods used, frozen food ✓
<input checked="" type="checkbox"/> N/O	27. Food separated & protected ✓
<input checked="" type="checkbox"/> N/O	28. Fruits & vegetables washed ✓
<input checked="" type="checkbox"/> N/O	29. Toxic substances properly identified, stored & used ✓
FOOD STORAGE/ SERVICE/ DISPLAY	
<input checked="" type="checkbox"/> N/O	30. Food storage containers identified ✓
<input checked="" type="checkbox"/> N/O	31. Consumer self-service ✓
<input checked="" type="checkbox"/> N/O	32. Food properly labeled & honestly presented ✓
EQUIPMENT/ UTENSILS/ LINENS	
<input checked="" type="checkbox"/> N/O	33. Nonfood-contact surfaces clean ✓
<input checked="" type="checkbox"/> N/O	34. Warewashing facilities: installed, maintained & used, test strips COS ✓
<input checked="" type="checkbox"/> N/O	35. Equipment & utensils: approved, installed & clean, good repair; capacity
<input checked="" type="checkbox"/> N/O	36. Equipment, utensils & linens: properly used & stored
<input checked="" type="checkbox"/> N/O	37. Vending machines ✓
<input checked="" type="checkbox"/> N/O	38. Adequate ventilation & lighting: designated areas, use
<input checked="" type="checkbox"/> N/O	39. Thermometers: provided & accurate ✓
<input checked="" type="checkbox"/> N/O	40. Wiping cloths: properly used & stored ✓
PHYSICAL FACILITIES	
<input checked="" type="checkbox"/> N/O	41. Plumbing: proper backflow devices; leaks ✓
<input checked="" type="checkbox"/> N/O	42. Garbage & refuse: properly disposed; facilities maintained
<input checked="" type="checkbox"/> N/O	43. Toilet facilities: properly constructed, supplied & cleaned
<input checked="" type="checkbox"/> N/O	44. Premises: personal/ cleaning items; vermin-proofing
PERMANENT FOOD FACILITIES	
<input checked="" type="checkbox"/> N/O	45. Floors, walls & ceilings: built, maintained & cleaned ✓
<input checked="" type="checkbox"/> N/O	46. No unapproved private homes/ living or sleeping quarters ✓
SIGNS/ REQUIREMENTS	
<input checked="" type="checkbox"/> N/O	47. Signs posted; last inspection report available ✓
COMPLIANCE & ENFORCEMENT	
<input checked="" type="checkbox"/> N/O	48. Plan review
<input checked="" type="checkbox"/> N/O	49. Permits available
<input checked="" type="checkbox"/> N/O	50. Impoundment
<input checked="" type="checkbox"/> N/O	51. Permit suspension

Received by (print): **Stephanie Conrad** Inspected by (signature): **[Signature]** Title: **EH&S Chief**
Specialist (print): **Stephanie Hessler, RCHS** Specialist (signature): **[Signature]** Phone: **(510) 204-2073**
Reinspection Date: **[]**

FOOD FACILITY INSPECTION REPORT

TEMPERATURE CONTROL									
Documentation required for all facilities with PHF					<input type="checkbox"/> NO PHF		Inspector Thermometer #:		
Type of Food	Temp. (°F)	Violation (P)	Process/Holding Location	Food Discarded (amount)	Type of Food	Temp. (°F)	Violation (P)	Process/Holding Location	Food Discarded (amount)
olives (sliced)	34.4°F		walk in cooler	(D)					
lettuce (sliced)	34.4°F		walk in cooler	(E)					
spinach	152.2°F		not holding line						
rice (cooked)	152.0°F		not holding line						

OBSERVATIONS & CORRECTIVE ACTIONS

14 Garbath observed in kitchen in machine at time of inspection. All food contact surfaces and equipment shall be cleaned and sanitized. Clean and sanitize food surface and maintain

24 COS At the time of inspection sanitizing test strips were not observed. During inspection, test strips were located and moved to wastewater area. Corrected on site maintain.

Faculty observed to have excellent temperature control and knowledge of proper hot and cold holding temperature procedures. maintain.