

FOOD FACILITY INSPECTION REPORT

Date: 9/18/25
Time In: _____
Time Out: _____

Facility Name: Local By Design Address: 230 Bauer House Hall # 1820
Permit #: _____ Exp. Date: _____ Permit Holder: Berkeley Dining Type of Inspection: routine

IN	IN compliance	NO	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)	NO	1. Food safety certification									
Food Safety Certification Name: <u>Gildardo Zepeda</u> Expiration Date: <u>6/21/27</u>											
EMPLOYEE HEALTH & HYGIENIC PRACTICES											
<input checked="" type="checkbox"/> (IN)	NO	2. Communicable disease: reporting, restrictions & exclusions									
<input checked="" type="checkbox"/> (IN)	NO	3. No discharge from eyes, nose & mouth									
<input checked="" type="checkbox"/> (IN)	NO	4. Proper eating, tasting, drinking or tobacco use									
PREVENTING CONTAMINATION BY HANDS											
<input checked="" type="checkbox"/> (IN)	NO	5. Hands clean & properly washed; gloves properly used									
<input checked="" type="checkbox"/> (IN)	NO	6. Adequate hand washing facilities supplied & accessible									
TIME & TEMPERATURE RELATIONSHIPS											
<input checked="" type="checkbox"/> (IN)	NO	7. Proper hot and cold holding temperatures									
<input checked="" type="checkbox"/> (IN)	NO	8. Time as a public health control: procedures & records									
<input checked="" type="checkbox"/> (IN)	NO	9. Proper cooling methods									
<input checked="" type="checkbox"/> (IN)	NO	10. Proper cooking time & temperatures									
<input checked="" type="checkbox"/> (IN)	NO	11. Proper reheating procedures for hot holding									
PROTECTION FROM CONTAMINATION											
<input checked="" type="checkbox"/> (IN)	NO	12. Returned & reserve of food									
<input checked="" type="checkbox"/> (IN)	NO	13. Food in good condition, safe & unadulterated									
<input checked="" type="checkbox"/> (IN)	NO	14. Food contact surfaces: clean & sanitized									
Sanitizer type: <input checked="" type="checkbox"/> chlorine <input type="checkbox"/> quaternary ammonium <input type="checkbox"/> hot water <input type="checkbox"/> other: _____ Sanitizer concentration (ppm): <u>200ppm</u> location: _____											
FOOD FROM APPROVED SOURCES											
<input checked="" type="checkbox"/> (IN)	NO	15. Food obtained from approved sources									
<input checked="" type="checkbox"/> (IN)	NO	16. Compliance with shell stock tags, condition & display									
<input checked="" type="checkbox"/> (IN)	NO	17. Compliance with Gulf Oyster Regulations									
CONFORMANCE WITH APPROVED PROCEDURES											
<input checked="" type="checkbox"/> (IN)	NO	18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan									
CONSUMER ADVISORY											
<input checked="" type="checkbox"/> (IN)	NO	18. Consumer advisory provided for raw/ undercooked foods									
HIGHLY SUSCEPTIBLE POPULATIONS											
<input checked="" type="checkbox"/> (IN)	NO	20. Licensed health care facilities/ public & private schools; prohibited foods not offered									
HOT WATER/ COLD WATER											
<input checked="" type="checkbox"/> (IN)	NO	21. Hot & cold water available: cold temp. (°F) <u>100-99°F</u> hot temp. (°F) <u>186-190°F</u>									
LIQUID WASTE DISPOSAL											
<input checked="" type="checkbox"/> (IN)	NO	22. Sewage & wastewater properly disposed									
VERMIN											
<input checked="" type="checkbox"/> (IN)	NO	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]											
24. Person in charge present & performs duties <input checked="" type="checkbox"/>											
PERSONAL CLEANLINESS											
25. Personal cleanliness & hair restraints <input checked="" type="checkbox"/>											
GENERAL FOOD SAFETY REQUIREMENTS											
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 <input checked="" type="checkbox"/>											
FOOD STORAGE/ SERVICE/ DISPLAY											
30. Food storage containers identified <input checked="" type="checkbox"/>											
31. Consumer self-service <input checked="" type="checkbox"/>											
32. Food properly labeled & honestly presented <input checked="" type="checkbox"/>											
EQUIPMENT/ UTENSILS/ LINENS											
33. Nonfood-contact surfaces clean <input checked="" type="checkbox"/>											
34. Warewashing facilities: installed, maintained & used, test strips <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: provided & accurate <input checked="" type="checkbox"/>											
40. Wiping cloths: properly used & signed <input checked="" type="checkbox"/>											
PHYSICAL FACILITIES											
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 <input checked="" type="checkbox"/>											
PERMANENT FOOD FACILITIES											
45. Floors, walls & ceilings: built, maintained & cleaned <input checked="" type="checkbox"/>											
46. No unapproved private homes/ living or sleeping quarters <input checked="" type="checkbox"/>											
SIGNS/ REQUIREMENTS											
47. Signs posted; last inspection report available <input checked="" type="checkbox"/>											
COMPLIANCE & ENFORCEMENT											
48. Plan review <input checked="" type="checkbox"/>											
49. Permits available <input checked="" type="checkbox"/>											
50. Impoundment <input checked="" type="checkbox"/>											
51. Permit suspension <input checked="" type="checkbox"/>											

Received by (print): [Signature] Received by (signature): _____ Title: FSM
Specialist (print): Stephanie Messner, PHS Specialist (signature): [Signature] Phone: (510) 642-3073

NO violations were observed
at the time of inspection

REINSPECTION DATE