

FOOD FACILITY INSPECTION REPORT

Date: 4/26/18
 Time In:
 Time Out:

Facility Name: LBL Cafeteria Address: 1 Cyclotron Rd
 Permit #: Exp. Date: Permit Holder: Epicurean / LBL Type of Inspection: 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 |
|--|-----|-----|-----|-----|
| IN | N/O | | | |
| 1. Food safety certification | | | | |
| Food Safety Certification Name: <u>Please post</u> | | | | |
| Expiration Date: | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 2. Communicable disease: reporting, restrictions & exclusions | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 3. No discharge from eyes, nose & mouth | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 4. Proper eating, tasting, drinking or tobacco use | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 5. Hands clean & properly washed; gloves properly used | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 6. Adequate hand washing facilities supplied & accessible | | | | |
| TIME & TEMPERATURE RELATIONSHIPS | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 7. Proper hot and cold holding temperatures | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 8. Time as a public health control: procedures & records | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 9. Proper cooling methods | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 10. Proper cooking time & temperatures | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 11. Proper reheating procedures for hot holding | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 12. Returned & reserve of food | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 13. Food in good condition, safe & unadulterated <u>grants</u> | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 14. Food contact surfaces: clean & sanitized | | | | |
| sanitizer type: <u>160°F Dishwasher</u> | | | | |
| <input type="checkbox"/> chlorine <input checked="" type="checkbox"/> quaternary ammonium <input type="checkbox"/> hot water <input type="checkbox"/> other: | | | | |
| sanitizer concentration (ppm): <u>200 ppm</u> location: <u>buckets</u> | | | | |
| FOOD FROM APPROVED SOURCES | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 15. Food obtained from approved sources | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 16. Compliance with shell stock tags, condition & display | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 17. Compliance with Gulf Oyster Regulations | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan | | | | |
| CONSUMER ADVISORY | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/O | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 19. Consumer advisory provided for raw/ undercooked foods | | | | |
| HIGHLY SUSCEPTIBLE POPULATIONS | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| <input checked="" type="checkbox"/> | N/A | | | |
| 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) <u>71-20</u> hot temp. (°F) | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 22. Sewage & wastewater properly disposed <u>boiling dish</u> | | | | |
| VERMIN | | | | |
| <input checked="" type="checkbox"/> | IN | | | |
| 23. No rodents, insects, birds or animals | | | | |

| 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; 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 <u>light shields</u> | |
| <input checked="" type="checkbox"/> | 39. Thermometers: provided & accurate <u>8/17 fan</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): [Signature] Received by (signature): [Signature] Title:
 Specialist (print): Patrick Kumbauk Specialist (signature): 510.612.2035 Phone:

6/6/18 PASS

REINSPECTION DATE
5/7/18 or after

FOOD FACILITY INSPECTION REPORT

Date: 4/24/18

LBL Cafeteria

TEMPERATURE CONTROL

Documentation required for all facilities with PHF

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) |
|----------------|------------|---------------|---------------------------|-------------------------|--------------|------------|---------------|---------------------------|-------------------------|
| Food temp okay | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

OBSERVATIONS & CORRECTIVE ACTIONS

- ① Food handlers shall wash hands and change gloves after touching cellphones while working with food.
- ② Food handlers shall wear disposable gloves to handle food if they have nail polish or a bandaid on hands/fingers.
- ③ Refrigerators shall be maintained in good repair and be able to hold food at 41°F or below. Units 54RF048 and 54RF011 were not working at time of inspection.
- ④ Food shall be wholesome and fit for consumption. Manager voluntarily discarded spoiled sprouts and brown lettuce that were held in the prep cooler at deli counter.
- ⑤ Clean and maintain the following:
 - Inside panel door surface of Hoshizaki ice maker
 - Door handles on refrigerators
 - Floor under counter at service line by kitchen entry door.
 - Back side of slicer machine blades and guards.
 - Exhaust vent in ceiling at potwash station.

FOOD FACILITY INSPECTION REPORT

Date: 4/24/18

LBL Cafeteria

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) |
| / | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

OBSERVATIONS & CORRECTIVE ACTIONS

- ⑥ Replace missing light cover by the impinger cook line.
- ⑦ The air curtain device shall remain operable when the loading dock doors are opened. Device was off at time of inspection.
- ⑧ Repair the loose cupboard door at Peet's station.
- ⑨ Repair the damaged baseboard strip under the electric panel at grill station.
- ⑩ The grease trap located under the dish machine shall be serviced on a quarterly basis minimum to remove solids. Keep the trap covered (lid in place) during business hours.
- ⑪ At the loading dock, the drain in the asphalt drains to the creek. Avoid discharging any wastewater to this drain during dock cleaning activities.
- ⑫ Facility shall be provided a mop sink!
 REINSPECTION on or after May 7, 2018