University of California, Berkeley
Office of Environment, Health & Safety
(510) 642-3073
2199 Addison, Room 317, University Hall
Berkeley, CA 94720-1150
www.ehs.berkeley.edu

FOOD FACILITY INSPECTION REPORT

Date: 9.28.18
Time In:
Time Out:

Facility Name: Royal Grounds
Address: 2409 Shattuck Av
Permit #:
Exp. Date:
Permit Holder: M. Ung
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

		COS	MAJ	OUT
	DEMONSTRATION OF KNOWLEDGE			
IN N/O	1. Food safety certification			
	Food Safety Certification Name: M. Ung *Expiration Date:* 11/2021			
	EMPLOYEE HEALTH & HYGIENIC PRACTICES			
IN	2. Communicable disease: reporting, restrictions & exclusions			
IN N/O	3. No discharge from eyes, nose & mouth			
IN N/O	4. Proper eating, tasting, drinking or tobacco use			
	PREVENTING CONTAMINATION BY HANDS			
IN N/O	5. Hands clean & properly washed; gloves properly used			
IN	6. Adequate hand washing facilities supplied & accessible			
	TIME & TEMPERATURE RELATIONSHIPS			
IN N/O N/A	7. Proper hot and cold holding temperatures			
IN N/O N/A	8. Time as a public health control: procedures & records			
IN N/O N/A	9. Proper cooling methods			
IN N/O N/A	10. Proper cooking time & temperatures			
IN N/O N/A	11. Proper reheating procedures for hot holding			
	PROTECTION FROM CONTAMINATION			
IN N/O N/A	12. Returned & reservice of food			
IN	13. Food in good condition, safe & unadulterated			
IN N/O N/A	14. Food contact surfaces: clean & sanitized			
	sanitizer type: ☐ chlorine ☐ quaternary ammonium ☐ hot water ☐ other: *sanitizer concentration (ppm):* N/O @ TOI *location:* 3-comp			
	FOOD FROM APPROVED SOURCES			
IN	15. Food obtained from approved sources			
IN N/O N/A	16. Compliance with shell stock tags, condition & display			
IN N/O N/A	17. Compliance with Gulf Oyster Regulations			
	CONFORMANCE WITH APPROVED PROCEDURES			
IN N/A	18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan			
	CONSUMER ADVISORY			
IN N/O N/A	19. Consumer advisory provided for raw/ undercooked foods			
	HIGHLY SUSCEPTIBLE POPULATIONS			
IN N/A	20. Licensed heath care facilities/ public & private schools; prohibited foods not offered			
	HOT WATER/ COLD WATER			
IN	21. Hot & cold water available: cold temp. (°F) >120 hot temp. (°F)			
	LIQUID WASTE DISPOSAL			
IN	22. Sewage & wastewater properly disposed			
	VERMIN			
IN	23. No rodents, insects, birds or animals			

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

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

Received by (print): X
Received by *(signature)*:
Title:
Specialist (print): Patrick Kalbert
Specialist *(signature)*:
Phone:

REINSPECTION DATE

#45. Clean the wall and shelves at Hand sink and ice machine

PASS