



# Official Food Facility Inspection Report

Department of Public Health ❖ Environmental Health Division  
1221 Fulton Mall, P.O. Box 11867, Fresno, CA 93775, 559-445-3357  
www.fcdph.org ❖ Email: EnvironmentalHealth@co.fresno.ca.us

Check here if facility, or portion of the facility, was ordered to close.

PAGE 1 OF 2

|  |                                   |   |                           |                            |                   |
|--|-----------------------------------|---|---------------------------|----------------------------|-------------------|
| FACILITY NAME<br><b>Fresno City College Cafe</b>   |                                   | IDENTIFIER  |                           | DATE<br><b>12-9-09</b>     |                   |
| SITE ADDRESS<br><b>1101 E University</b>   |                                   | CITY / ZIP<br><b>Fresno / 93704</b>   | CT<br><b>35.00</b>        | FA<br><b>0273961</b>       |                   |
| OWNER<br><b>SCCO</b>   | FACILITY PHONE<br><b>265-5771</b> | PERMIT EXPIRATION DATE<br><b>7-31-10</b>  |                           | PPR/CO<br><b>0001950</b>   |                   |
| <input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> REINSPECTION <b>1st</b> <input type="checkbox"/> COMPLAINT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> |                                   | PERMIT POSTED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TIME IN<br><b>11:55AM</b> | TIME OUT<br><b>12:50PM</b> | PE<br><b>1616</b> |

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

In = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT = Violations

| DEMONSTRATION OF KNOWLEDGE   | IN                                  | N/O                                 | OUT                                 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Demonstration of knowledge; food safety certification<br>Food Safety Cert Name: <b>Willie Lee Aguno</b> Exp. Date: <b>4-25-14</b> <b>Phonetic</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES   | IN                                  | N/O                                 | MAJ                                 |
| 2. Communicable disease; reporting, restrictions & exclusions  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. No discharge from eyes, nose, and mouth   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Proper eating, tasting, drinking or tobacco use   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| PREVENTING CONTAMINATION BY HANDS  | IN                                  | N/O                                 | MAJ                                 |
| 5. Hands clean and properly washed; gloves used properly   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Adequate handwashing facilities supplied & accessible   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| TIME AND TEMPERATURE RELATIONSHIPS   | IN                                  | N/O                                 | MAJ                                 |
| 7. Proper hot and cold holding temperatures<br><b>SZ</b> Cold Temp _____ Hot Temp <b>Hot</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. Time as a public health control; procedures & records   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Proper cooling methods  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10. Proper cooking time & temperatures   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11. Proper reheating procedures for hot holding  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| PROTECTION FROM CONTAMINATION  | IN                                  | N/O                                 | MAJ                                 |
| 12. Returned and reservice of food   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Food in good condition, safe and unadulterated   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

| PROTECTION FROM CONTAMINATION  | IN                                  | N/O                                 | N/A                                 | COS                      | OUT                      | MAJ                      |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 14. Food contact surfaces: clean and sanitized<br>Sanitizer Type: Linen _____ ppm <input type="checkbox"/> Cl <input type="checkbox"/> Qt, Utensil sink _____ ppm <input type="checkbox"/> Cl <input type="checkbox"/> Qt<br>Dishwasher _____ ppm Chlorine or <input type="checkbox"/> Hot Water Temp: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOOD FROM APPROVED SOURCES   | IN                                  | N/O                                 | N/A                                 | COS                      | OUT                      | MAJ                      |
| 15. Food obtained from approved source   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Compliance with shell stock tags, condition, display   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Compliance with Gulf Oyster Regulations  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CONFORMANCE WITH APPROVED PROCEDURES   | IN                                  | N/A                                 | COS                                 | OUT                      | MAJ                      |                          |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| CONSUMER ADVISORY  | IN                                  | N/O                                 | N/A                                 | COS                      | MAJ                      |                          |
| 19. Consumer advisory provided for raw or undercooked foods  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| HIGHLY SUSCEPTIBLE POPULATIONS   | IN                                  | N/A                                 | COS                                 | OUT                      | MAJ                      |                          |
| 20. Licensed health care facilities/ public & private schools; prohibited foods not offered  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| WATER/HOT WATER  | IN                                  | COS                                 | OUT                                 | MAJ                      |                          |                          |
| 21. Hot and cold water available<br>Temp _____   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                          |
| LIQUID WASTE DISPOSAL  | IN                                  | COS                                 | OUT                                 | MAJ                      |                          |                          |
| 22. Sewage and wastewater properly disposed  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                          |
| VERMIN   | IN                                  | COS                                 | OUT                                 | MAJ                      |                          |                          |
| 23. No rodents, insects, birds, or animals   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                          |

|  |                          |
|--|--------------------------|
| <b>SUPERVISION</b>   | <b>OUT</b>               |
| 24. Person in charge present and performs duties                           | <input type="checkbox"/> |
| <b>PERSONAL CLEANLINESS</b>  |                          |
| 25. Personal cleanliness and hair restraints                               | <input type="checkbox"/> |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>                                    |                          |
| 26. Approved thawing methods used; frozen food                             | <input type="checkbox"/> |
| 27. Food separated and protected; sneeze guards                            | <input type="checkbox"/> |
| 28. Washing fruits and vegetables  | <input type="checkbox"/> |
| 29. Toxic substances properly identified, stored, used containers          | <input type="checkbox"/> |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>                                      |                          |
| 30. Food storage; food storage containers identified                       | <input type="checkbox"/> |
| 31. Consumer self-service  | <input type="checkbox"/> |
| 32. Food properly labeled & honestly presented                             | <input type="checkbox"/> |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>   |                          |
| 33. Nonfood contact surfaces clean   | <input type="checkbox"/> |
| 34. Warewashing facilities: installed, maintained, used; test strips       | <input type="checkbox"/> |
| 35. Equipment/ Utensils approved; installed; clean; good repair, capacity  | <input type="checkbox"/> |
| 36. Equipment, utensils and linens: storage and use; pressurized cylinders | <input type="checkbox"/> |
| 37. Vending machines   | <input type="checkbox"/> |
| 38. Adequate ventilation and lighting; designated areas, use               | <input type="checkbox"/> |

|  |                                     |
|--|-------------------------------------|
| 39. Thermometers provided and accurate                                   | <input type="checkbox"/>            |
| 40. Wiping cloths: properly used and stored                              | <input type="checkbox"/>            |
| <b>PHYSICAL FACILITIES</b>   |                                     |
| 41. Plumbing: proper backflow devices                                    | <input checked="" type="checkbox"/> |
| 42. Garbage and refuse properly disposed; facilities maintained          | <input type="checkbox"/>            |
| 43. Toilet facilities: properly constructed, supplied, cleaned           | <input type="checkbox"/>            |
| 44. Premises; personal/cleaning items; vermin-proofing; unused equipment | <input type="checkbox"/>            |
| <b>PERMANENT FOOD FACILITIES</b>   |                                     |
| 45. Floor, walls and ceilings: built, maintained, and clean              | <input type="checkbox"/>            |
| 46. No unapproved private homes/ living or sleeping quarters             | <input type="checkbox"/>            |
| <b>SIGNS/ REQUIREMENTS</b>   |                                     |
| 47. Signs posted; last inspection report available                       | <input type="checkbox"/>            |
| <b>COMPLIANCE &amp; ENFORCEMENT</b>                                      |                                     |
| 48. Plan Review  | <input type="checkbox"/>            |
| 49. Permits Available  | <input type="checkbox"/>            |
| 50. Impoundment  | <input type="checkbox"/>            |
| 51. Permit Suspension  | <input type="checkbox"/>            |

INTERIM PERMIT TO OPERATE ISSUED. Valid for 90 days.  
Authorized by: \_\_\_\_\_

|   |  |   |
|---|--|---|
| RECEIVED BY (Print)<br><b>AWITA Faust</b> | TITLE<br><b>Food Service Director</b>        | RECEIVED BY (Signature)<br><i>AWITA Faust</i> |
| SPECIALIST (Print)<br><b>Sally Chung</b>  | SPECIALIST (Signature)<br><i>Sally Chung</i> | REINSPECTION DATE:<br><b>12/16/09</b>         |

NOTICE: REINSPECTION FEES WILL BE CHARGED FOR REINSPECTIONS DUE TO UNCORRECTED VIOLATIONS



# Official Food Facility Inspection Report

(Continuation Page)

PAGE 2 OF 2

|   |  |                      |                         |
|---|--|----------------------|-------------------------|
| FACILITY NAME<br><u>Fresno City College Cafe</u>                  |  | IDENTIFIER           | DATE<br><u>12-9-09</u>  |
| SITE ADDRESS, CITY, ZIP<br><u>101 E University, Fresno, 93704</u> |  | FA<br><u>0273961</u> | PR/CO<br><u>0001950</u> |
|   |  | PE<br><u>1616</u>    |                         |

### TEMPERATURE CONTROL: Documentation required for all facilities with potentially hazardous food.

| Type of Food      | Temp (°F) | Temp Violation | Process/Holding Location | Type of Food | Temp (°F) | Temp Violation | Process/Holding Location |
|-------------------|-----------|----------------|--------------------------|--------------|-----------|----------------|--------------------------|
| 1 Shredded cheese | 41        | ○              | reach-in fridge          | 6            |           | ○              |                          |
| 2 pizza           | 170       | ○              | heating unit             | 7            |           | ○              |                          |
| 3 cooked chicken  | 146       | ○              | steam table              | 8            |           | ○              |                          |
| 4                 |           | ○              |                          | 9            |           | ○              |                          |
| 5                 |           | ○              |                          | 10           |           | ○              |                          |

○ See VC&D form.

No potentially hazardous food at facility. ○

### DF# OBSERVATIONS AND CORRECTIVE ACTIONS

- (7) The walk-in fridge #1 is at 52°F. Adjust/repair this fridge so that temperatures can be maintained at 41°F or below. This violation shall be corrected as soon as possible.
- (41) The blending unit by the front counter has a direct connection to the sewer line. Provide an indirect waste connection for this unit. This unit can drain into the adjacent sink as long as the end of the drain line is above the lip of the sink.

note: • Violations #35, 33 & 38 from inspection on 12-1-09 have been corrected.

- A reinspection fee of \$91 will be applied if violations are not corrected by the reinspection date. (No reinspection will be required)
- Koch reach-in fridge is at 40°F.
- 12:45 P.M.: walk-in fridge #1 is now at 45°F.

IF SIGNED HERE BY INSPECTOR (REHS) \_\_\_\_\_ UPON AUTHORITY OF THE ENVIRONMENTAL HEALTH DIRECTOR, THE ENVIRONMENTAL HEALTH PERMIT FOR THE BUSINESS IS IMMEDIATELY SUSPENDED DUE TO THE ITEMS MARKED WITH AN ASTERISK (\*). THE BUSINESS IS TO REMAIN CLOSED UNTIL ALL OF THE CORRECTIONS ARE COMPLETED AND WRITTEN AUTHORIZATION TO REOPEN IS ISSUED BY THIS OFFICE. AN APPEAL OF THIS SUSPENSION MAY BE REQUESTED BY WRITING TO THE ENVIRONMENTAL HEALTH DIRECTOR.

RECEIVED BY  
X [Signature]

INSPECTED BY  
Gary Chuggy