



FOOD INSPECTION REPORT
 University of California San Francisco
 Office of Environmental Health and Safety
 50 Medical Center Way, San Francisco, CA 94143
<http://or.ucsf.edu/ehs> (415) 476-1300

Date:	4/22/15
Time In:	1:00
Time Out:	1:40

Location Address:	1675 Owens Street - Mission Bay Campus	Inspection Type:	Biannual Inspection
Facility Name:	The Pub	Re-Inspection Date:	
Owner Name:	UCSF Aramark Facility Management	Location I.D.:	10034
<input type="checkbox"/> Permit Posted <input type="checkbox"/> Inspection Report Posted	License Certificate Class No.:	Exp. Date:	
Person In Charge:	Cert. Food Handler:	Exp. Date:	

SECTION 1: High Risk Violations (HRV) 7 Pts Each
 HRV disqualifies Symbol of Excellence

	IN	OUT	NA	NOB	COS*
EMPLOYEE HEALTH / HYGIENE					
1 Communicable disease -- reporting, restrictions & exclusions					
PREVENT CONTAMINATION BY HANDS					
2 Hands not clean / improperly washed / gloves improperly used					
TIME & TEMPERATURE RELATIONSHIPS					
3 Improper hot / cold holding temperatures					
4 Time as a public health control -- Procedures and/or records needed					
5 Improper cooling methods					
6 Improper cooking time / temperatures					
7 Improper Reheating					
PROTECTION FROM CONTAMINATION					
8 Food in poor condition -- unsafe / adulterated					
9 Food contact surfaces not cleaned/ sanitized					
FOOD FROM APPROVED SOURCES					
10 Food obtained from an unapproved source					
HIGHLY SUSCEPTIBLE POPULATIONS					
11 Licensed health care facilities / public & private schools / prohibited foods offered					
WATER / HOT WATER					
12 No Hot Water / No Water					
LIQUID WASTE DISPOSAL					
13 Sewage / Wastewater Disposal Inoperative					
VERMIN					
14 Rodents / Roaches / Flies / Other Animals					
15 OTHER (Specified in report)					

The marked violations are California Food Code violations and must be corrected as follows:

- New Portable Warming Units have been installed in the kitchen.
- No Flies present in the Catering area
- New Dish Machine to be installed at the bar.
- Sanitizer Solutions Ok
- Refrigeration Temps Ok

SECTION 2: Moderate Risk Violations
 4 Pts Each

DEMONSTRATION OF KNOWLEDGE					
16 Lack of food safety knowledge / no food safety certification					
EMPLOYEE HEALTH / HYGIENE					
17 Discharge from eyes / nose / mouth					
18 Employee Practices: tobacco/ eating/ other					
PREVENT CONTAMINATION BY HANDS					
19 Inadequate / Inaccessible handwashing facilities & supplies					
TIME & TEMPERATURE RELATIONSHIPS					
20 Improper hot / cold holding temperatures					
21 Time as a public health control -- Procedures / records needed					
PROTECTION FROM CONTAMINATION					
22 Returned / reservice of food					
23 Food in poor condition/ unsafe/ adulterated					
24 Food contact surfaces not clean / sanitized					
FOOD FROM APPROVED SOURCES					
25 Non-Compliance with shell stock tags/ condition / display					
26 Non-Compliance w/ Gulf Coast Oyster Regs					

Reinspection Fee Applicable For Violations No. 1 Thru 15

All Food Preparation & Service Facilities Must Post This Inspection Report. Failure to Comply May Result in a Citation And / Or Fines.

REHS (Print): Phil McAuley Signature: [Signature]

Phone: [Blank] Received by: [Signature]

*OB- Observed COS-Corrected On Site

ACTION 2: (Continued)

IN OUT NA NOB COS

CONFORMANCE TO APPROVED PROCEDURES				
Non-Compliance with variance / HACCP Plan / Specialized Process	<input checked="" type="checkbox"/>			
CONSUMER ADVISORY				
Consumer advisory not provided for raw or undercooked foods	<input checked="" type="checkbox"/>			
WATER / HOT WATER				
No Hot Water / No Water	<input checked="" type="checkbox"/>			
LIQUID WASTE DISPOSAL / VERMIN				
Sewage / Wastewater Disposal Inoperative	<input checked="" type="checkbox"/>			
Rodents / Roaches / Flies / Other Animals	<input checked="" type="checkbox"/>			
GENERAL FOOD SAFETY REQUIREMENTS				
Unapproved thawing methods used	<input checked="" type="checkbox"/>			
Foods not separated nor protected	<input checked="" type="checkbox"/>			
OTHER (Specified in report)	<input checked="" type="checkbox"/>			

Location Address: 1675 Owens St - MB Inspection Date: 4/22/15
 Business Name: The Pub Re-Inspection Date:

The marked violations are California Food Code violations and must be corrected as follows:

ACTION 3: Low Risk Violations 2 Pts Each

SUPERVISION				
No Person In Charge to perform duties	<input checked="" type="checkbox"/>			
PERSONAL CLEANLINESS				
Hair Restraints/ Outer Garments/ Nails/ Rings	<input checked="" type="checkbox"/>			
GENERAL FOOD SAFETY REQUIREMENTS				
Not washing fruits & vegetables	<input checked="" type="checkbox"/>			
Improper storage / identification / use of toxic substances	<input checked="" type="checkbox"/>			
FOOD STORAGE / DISPLAY / SERVICE				
Improper food storage / Improper Container ID	<input checked="" type="checkbox"/>			
Consumer Self Service	<input checked="" type="checkbox"/>			
Foods improperly labeled or misrepresented	<input checked="" type="checkbox"/>			
EQUIPMENT / UTENSILS / LINENS				
Nonfood contact surfaces unclean	<input checked="" type="checkbox"/>			
Inadequate Warewashing Facilities/ Equipment	<input checked="" type="checkbox"/>			
Unapproved/ Disrepaired Equipment/ Utensils	<input checked="" type="checkbox"/>			
Improper storage: Equipment, Utensils, Linens	<input checked="" type="checkbox"/>			
Vending Machine Non-compliance	<input checked="" type="checkbox"/>			
Inadequate / Improper Ventilation / Lighting	<input checked="" type="checkbox"/>			
Thermometers Required or Inaccurate	<input checked="" type="checkbox"/>			
Wiping Cloths not clean/ Inadequate sanitizer	<input checked="" type="checkbox"/>			
turbid / not properly stored	<input checked="" type="checkbox"/>			
PHYSICAL FACILITIES				
Improper or Defective plumbing / No backflow devices / Improper connections	<input checked="" type="checkbox"/>			
No Garbage Service / No Containers / Area or containers not maintained clean	<input checked="" type="checkbox"/>			
Toilet facilities in disrepair/ Not cleaned / Need supplies / Improperly constructed	<input checked="" type="checkbox"/>			
Inadequate dressing area / Personal Items	<input checked="" type="checkbox"/>			
PERMANENT FOOD FACILITIES				
Floors, Walls, Ceilings Improperly constructed, in disrepair, not clean	<input checked="" type="checkbox"/>			
Unapproved private homes/ living quarters/ sleeping quarters	<input checked="" type="checkbox"/>			
SIGNS & OTHER REQUIREMENTS				
Permit / Inspection Not Posted	<input checked="" type="checkbox"/>			
Food Safety Certificate Not Available / Posted	<input checked="" type="checkbox"/>			
No Permit (New Application Required)	<input checked="" type="checkbox"/>			
Safety Hazards	<input checked="" type="checkbox"/>			
HACCP Plan Items Required (logsheets, etc.)	<input checked="" type="checkbox"/>			
VERMIN-Rodents, Roaches, Flies, Other	<input checked="" type="checkbox"/>			
OTHER: (Specify in report)	<input checked="" type="checkbox"/>			

DEDUCTIONS	
High Risk	
Mod Risk	
Low Risk	
FINAL SCORE	

All Food Preparation & Service Facilities Must Post This Report.
 Failure To Comply May Result in A Citation and / or Fines.
 REHS:
 Received By:

Middle Copy Operator Copy

IN = In compliance with CA RFC standard
 OUT = Out of compliance with CA RFC standard
 NA = Not applicable

NOB = Not observed to assess compliance
 COS = Corrected on site