



**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:	2:45
Time Out:	3:10

Location Address: "Equator"	Inspection Type: Routine
Facility Name: 1855 4th Street	Re-Inspection Date:
Owner Name: Dan Herzoid	Location I.D.: 100052
Phone: 415-353-1348	

<input checked="" 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*
<b>EMPLOYEE HEALTH / HYGIENE</b>					
1 Communicable disease -- reporting, restrictions & exclusions					
<b>PREVENT CONTAMINATION BY HANDS</b>					
2 Hands not clean / improperly washed / gloves improperly used	/				
<b>TIME &amp; TEMPERATURE RELATIONSHIPS</b>					
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	/				
<b>PROTECTION FROM CONTAMINATION</b>					
8 Food in poor condition -- unsafe / adulterated	/				
9 Food contact surfaces not cleaned/ sanitized	/				
<b>FOOD FROM APPROVED SOURCES</b>					
10 Food obtained from an unapproved source	/				
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>					
11 Licensed health care facilities / public & private schools / prohibited foods offered	/				
<b>WATER / HOT WATER</b>					
12 No Hot Water / No Water	/				
<b>LIQUID WASTE DISPOSAL</b>					
13 Sewage / Wastewater Disposal Inoperative	/				
<b>VERMIN</b>					
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:

Facility sells a limited amount of packaged food items, baked goods and coffee drinks.

Refrigeration OK

Dish Machine OK

**SECTION 2: Moderate Risk Violations**  
 4 Pts Each

	IN	OUT	NA	NOB	COS*
<b>DEMONSTRATION OF KNOWLEDGE</b>					
16 Lack of food safety knowledge / no food safety certification	/				
<b>EMPLOYEE HEALTH / HYGIENE</b>					
17 Discharge from eyes / nose / mouth	/				
18 Employee Practices: tobacco/ eating/ other	/				
<b>PREVENT CONTAMINATION BY HANDS</b>					
19 Inadequate / Inaccessible handwashing facilities & supplies	/				
<b>TIME &amp; TEMPERATURE RELATIONSHIPS</b>					
20 Improper hot / cold holding temperatures	/				
21 Time as a public health control -- Procedures / records needed	/				
<b>PROTECTION FROM CONTAMINATION</b>					
22 Returned / reservice of food	/				
23 Food in poor condition/ unsafe/ adulterated	/				
24 Food contact surfaces not clean / sanitized	/				
<b>FOOD FROM APPROVED SOURCES</b>					
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 McCarty Signature: *[Signature]*

Phone: *[Signature]* Received by: *[Signature]*

\*OB- Observed COS-Corrected On Site

Single Copy Operator Copy

SECTION 2: (Continued)

IN OUT NA NOB COS

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

Location Address: 1855 4th Street Inspection Date: 4/22/15  
 Business Name: Equator Re-Inspection Date:

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

SECTION 3: Low Risk Violations 2 Pts Each

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

DEDUCTIONS	
High Risk	
Mod Risk	
Low Risk	
<b>FINAL SCORE</b>	

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

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

Middle Copy Operator Copy