



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:	10:15
Time Out:	11:00

Location Address: **1600 Divisadero St** Inspection Type: **Routine**

Facility Name: **Mt Zion Cafe + Daily Grind** Re-Inspection Date:

Owner Name: **UCSF** Phone: **353-1348** Location I.D.:

Permit Posted Inspection Report Posted

Person In Charge: **Dan Henzoid** License Certificate Class No.: **11377909** Exp. Date: **9/11/19**

Cert. Food Handler: **D. Henzoid** Exp. Date:

SECTION 1: High Risk Violations (HRV) 7 Pts Each
 HRV disqualifies Symbol of Excellence IN OUT NA NOB COS*

EMPLOYEE HEALTH / HYGIENE	IN	OUT	NA	NOB	COS*
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:

① **114** Rodent droppings are present in the dry storage cabinet in the kitchen. Clean this area. Continue to abate rodents (Repeat Violation)

② **154** Repair the door sweep at the bottom of the door to the dry storage closet.

③ **129** Hot Water is available at the Utensil wash sink at 116°F. Repair to provide water at 120°F

SECTION 2: Moderate Risk Violations
 4 Pts Each

DEMONSTRATION OF KNOWLEDGE	IN	OUT	NA	NOB	COS*
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	/				

④ **114** Water is present on the ceiling of the pass-thru refrigerator. Repair to prevent water from condensing on the ceiling surface.

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 McCauley** Signature: *[Signature]*

Phone: _____ Received by: *[Signature]*

*OB- Observed COS-Corrected On Site

CITATION 2: (Continued)

IN OUT NA NOB COS

CONFORMANCE TO APPROVED PROCEDURES				
Non-Compliance with variance / HACCP Plan / Specialized Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSUMER ADVISORY				
Consumer advisory not provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER / HOT WATER				
No Hot Water / No Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIQUID WASTE DISPOSAL / VERMIN				
Sewage / Wastewater Disposal Inoperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodents / Roaches / Flies / Other Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL FOOD SAFETY REQUIREMENTS				
Unapproved thawing methods used	<input 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"/>
OTHER: (Specify in report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CITATION 3: Low Risk Violations 2 Pts Each				
SUPERVISION				
No Person In Charge to perform duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL CLEANLINESS				
Hair Restraints/ Outer Garments/ Nails/ Rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL FOOD SAFETY REQUIREMENTS				
Not washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improper storage / identification / use of toxic substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD STORAGE / DISPLAY / SERVICE				
Improper food storage / Improper Container ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Self Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods improperly labeled or misrepresented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT / UTENSILS / LINENS				
Nonfood contact surfaces unclean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate Warewashing Facilities/ Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unapproved/ Disrepaired Equipment/ Utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improper storage: Equipment: Utensils, Linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending Machine Non-compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate / Improper Ventilation / Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers Required or Inaccurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping Cloths not clean/ Inadequate sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
turbid / not properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL FACILITIES				
Improper or Defective plumbing /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No backflow devices / Improper connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Garbage Service / No Containers /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area or containers not maintained clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities in disrepair/ Not cleaned /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need supplies / Improperly constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
inadequate dressing area / Personal Items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT FOOD FACILITIES				
Floors, Walls, Ceilings improperly constructed, in disrepair, not clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unapproved private homes/ living quarters/ sleeping quarters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNS & OTHER REQUIREMENTS				
Permit / Inspection Not Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety Certificate Not Available / Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Permit (New Application Required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HACCP Plan Items Required (logsheets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERMIN-Rodents, Roaches, Flies, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: (Specify in report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impoundment / VCD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure / Permit Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan Review Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Styrofoam Utensils In Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaint Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Application / Change of Ownership Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Law Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location Address: 1600 Divisadero St Inspection Date: 4/22/15
 Business Name: Mtz Cafe + Daily Grind Re-Inspection Date:

The marked violations are California Food Code violations and must be corrected as follows:
 ⑤ ~~#44~~ Critons, Raisins, and Seeds are displayed at the salad bar without a sneeze guard. Keep all food items under a sneeze guard or otherwise protected at the salad bar.

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: Phil McCauley
 Received By:

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

Middle Copy Operator Copy
 NOB = Not observed to assess compliance
 COS = Corrected on site