

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:	2:35
Time Out:	2:45

Location Address: 1855 4th Street	Inspection Type: Routine
Facility Name: Bay Cafe Express	Re-Inspection Date:
Owner Name: Dan Herzold	Location I.D.: 100051

<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

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:

0445 Pitchers and Clean Utensils are stored Upside Down on a Wet Tray Next to the Sink. Store Clean Utensils in a dry Condition.

Facility Makes a variety of coffee drinks, packaged entrees entrees to reheat and panini sandwiches at certain hours.

SECTION 2: Moderate Risk Violations
 4 Pts Each

Symbol of Excellence	IN	OUT	NA	NOB	COS*
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	/				

Refrigeration Temps ok

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

REMS (Print): **Phil McCarty** 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 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)				

Location Address: 1855 4th Street Inspection Date: 9/22/15
 Business Name: Bay Cafe Express Re-Inspection Date: _____

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

CITATION 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 /	<input checked="" type="checkbox"/>			
No backflow devices / Improper connections	<input checked="" type="checkbox"/>			
No Garbage Service / No Containers /	<input checked="" type="checkbox"/>			
Area or containers not maintained clean	<input checked="" type="checkbox"/>			
Toilet facilities in disrepair/ Not cleaned /	<input checked="" type="checkbox"/>			
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				
OTHER: (Specify in report)				
Impoundment / VCD	<input checked="" type="checkbox"/>			
Closure / Permit Suspension	<input checked="" type="checkbox"/>			
Plan Review Required	<input checked="" type="checkbox"/>			
Styrofoam Utensils In Use	<input checked="" type="checkbox"/>			
Complaint Visit	<input checked="" type="checkbox"/>			
New Application / Change of Ownership Visit	<input checked="" type="checkbox"/>			
Labor Law Requirement	<input checked="" type="checkbox"/>			

DEDUCTIONS	
High Risk	
Med 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 McCarty
 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