

Location Address: 1855 4th Street	Inspection Type: Routine
Facility Name: Shorestein Cafe	Re-Inspection Date:
Owner Name: Dan Henroid 415-353-1348	Location I.D.: 100050

<input checked="" type="checkbox"/> Permit Posted <input type="checkbox"/> Inspection Report Posted	License Certificate Class No.: 11377909	Exp. Date: 9/11/19
Person In Charge: Dan Henroid	Cert. Food Handler: D. Henroid	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:

1 Handwash sink "09" is Not meeting Required temperature of 100°F. Repair the sink.

2 A Grill Brush is Being Stored on top of a Mixer at the Back Grill area. Store the Brush in a Clean Location.

3 There is a Substantial Leak at the large High Temperature Dish Machine. Repair the machine to prevent water leak.

4 Paint is chipping from the ceiling in the Pot & Pan Washing Room Near the Ventilation Hood. Repair the Ceiling.

**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 M. Carly Signature: [Signature]

Phone: [Signature] Received by: [Signature]

\*OB- Observed COS-Corrected On Site

Middle Copy Operator Copy

CTION 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 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"/>
OTHER: (Specified in report)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location Address: <u>1855 4th Street</u>	Inspection Date: <u>9/22/16</u>
Business Name: <u>Shorenskein Cafe</u>	Re-inspection Date:

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

⑤ 555 Paint is chipping from the walls in the trash Bin storage Hallway. Resurface walls to prevent paint from chipping.

CTION 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"/>
OTHER: (Specify in report)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

② 244 Food Residue is present on the backside of the Deli slicer in the prep area. Clean and Sanitize the slicer after each use.

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"/>

REDUCTIONS	
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 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