

CALIFORNIA STATE UNIVERSITY, FULLERTON

Division of Administration & Finance

Capital Programs & Facilities Management, Environmental Health & Safety
P.O. Box 6806, Fullerton, CA 92834-6806 / T 657-278-7233 / safety@fullerton.edu / ehs.fullerton.edu

RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME		OPERATOR	Permit No.				
LH Express		CSU Fullerton Auxiliary Services	119-19				
FACILITY LOCATION		INSPECTOR					
PACILITY LOCATION			INSPECTOR				
200 N. State College Blvd. J.L.	Leasand Floor Fullarton CA	00004	Luctina Baldonsi				
800 N. State College Bivd., LF	Second Floor, Fullerton, CA	92831	Justine Baldacci				
FOOD MANAGER / CERTIFICATE EXPIRATION DATE		PERSON IN CHARGE / TITLE					
Mauricio Garcia, 6/8/2021		Marco Polo Gutierrez / Supervisor					
•		•					
INSPECTION DATE	INSPECTION TYPE	RE-INSPECTION Date	INSPECTION RESULTS				
10/17/00/10	.	00/4=/000	_				
10/17/2019	Routine	02/17/2020	Pass				

Based on an inspection this day, the compliance status (IN, MAJ, MIN, OUT, N/A, N/O, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the applicable code sections and the general requirements that correspond to the violation(s) noted below.

IN = In Compliance N/A = Not Applicable N/O = Not Observed MAJ = Major MIN = Minor OUT = Out of Compliance COS = Corrected on Site

Critical Risk Factors

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IN	MAJ	MIN	N/A	N/O	Violation	cos		MAJ	MIN	N/A	N/O	Violation COS	
EMPLOYEE KNOWLEDGE			PROTECTION FROM CONTAMINATION										
•					Demonstration of knowledge, food safety certification				•			14. Food contact surfaces clean and sanitized	
EMPLOYEE HEALTH AND HYGENIC PRACTICES				•					14A. Sanitizer type is Chlorine				
•					2. Communicable diseases: reporting, restrictions, and exclusions				•			14B. Sanitizer type is Quaternary Ammonium	
•					3. No discharge from eyes, nose, or mouth		•					14C. Sanitizer type is Iodine	
•					Proper eating,tasting, drinking or tobacco use		•					14D. Sanitizer type is Hot Water	
CONTAMINATION BY HANDS					FOOD FROM APPROVED SOURCES								
•					Hands clean and properly washed, gloves used properly		•					15. Food Obtained from approved source	
•					Adequate hand washing facilities supplied and					•		16. Compliance with shell stock tags, condition, display	
	accessible.								•		17. Compliance with Gulf Oyster Regulations		
TIME AND TEMPERATURE RELATIONSHIPS				CONFORMANCE WITH APPROVED PROCEDURES									
•					7A. Proper hot holding temperatures.								
		•			7B. Proper cold holding temperatures.					•		Compliance with variance, specialized process and HACCP plan	
•		Times as a public health control; procedures and records					CONSUMER ADVISORY						
			•		Proper cooling methods					•		Consumer advisory provided for raw or undercooked foods	
			•		10. Proper Cooking time and temperature					•		Licensed health care facilities/public and private schools: prohibited foods not offered	
			•		11. Proper reheating procedures for hot holding		WATER/HOT WATER				WATER/HOT WATER		
PROTECTION FROM CONTAMINATION				•					21. Hot and cold water available				
•					12. Return and re-service of food		•					22. Sewage and wastewater properly disposed	
•					13. Food in good condition, safe, and unadulterated		VERMIN						
												23. No rodents, insects, birds, or animals	

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FACILITY NAME	DATE	Permit No.				
LH Express	10/17/2019	19-19				
FACILITY LOCATION	·	·				
800 N. State College Blvd. J.H. Second Floor, Fullerton, CA, 92831						

Good Retail Practices

OUT	Violation	cos	OUT	OUT Violation CO		OUT	Violation	cos	
	SUPERVISION			EQUIPMENT/UTENSILS/LINENS	PHYSICAL FACILITIES				
	24. Person in charge present and performs duties			33. Nonfood contact surfaces clean		43. Toilet facilities: properly constructed, supplied, cleaned			
	25. Personal cleanliness and hair restraints			34. Ware washing facilities: installed, maintained, used, test strips	44. Premises, personal/cleaning items, vermin proofing				
GE	NERAL FOOD SAFETY REQUIREMEN	ITS		35. Equipment/utendils approved, installed,			PERMANENT FOOD FACILITIES		
	26. Approved thawing methods used, frozen food 27. Food separated and protected 28. Washing fruits and vegetables 29. Toxic substances properly identified, stored, used		clean, good repair, capacity 36. Equipment, utensils, and linens: storage				45. Floor, walls, and ceilings: built, maintained, and cleaned		
				and use 37. Vending Machines		46. No unapproved private homes/living or sleeping quarters SIGNS/REQUIREMENTS			
				38. Adequate ventilation and lighting,					
				designated areas, use 39. Thermometers provided and accurate		47. Signs posted, last inspection report available, placard posted			
	FOOD STORAGE/DISPLAY/SERVICE			39. Thermometers provided and accurate		COMPLIANCE ENFORCEMENT			
	30. Food storage, food storage containers identified 31. Consumer self-service		40. Wiping cloths: properly used and stored				48. Plan review		
				PHYSICAL FACILITIES		49. Permits available			
				41. Plumbing: proper backflow devices					
	32. Food properly labeled and honestly			40. Carta and anti-an annual diseased			50. Impoundment		
	presented			42. Garbage and refuse properly disposed of, facilities maintained			51. Permit Suspension		

Opening Comments

7B. Proper cold holding temperatures.

Potentially hazardous cold foods shall be held at or below 41°F. (113996, 113998, 114037, 114343(a))

Inspector Comments: Sliced turkey and mayo in the rear three-door cold hold unit measured 45F. Adjust or repair unit so that potentially hazardous foods are maintained at 41F or below when held cold.

14. Food contact surfaces clean and sanitized

All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(d), 114094, 114099.1, 114099.4, 114099.6, 114101(b-d), 114105, 114109, 114111, 114113, 114115(a, b, d), 114117, 114125(b), 114141)

Inspector Comments: Growth observed inside ice machine. Clean and sanitize interior of ice machine regularly to prevent growth. (REPEAT)

14B. Sanitizer type is Quaternary Ammonium

Manual sanitization shall be accomplished by contact with 200 ppm quaternary ammonia solution for at least 1 minute. (114099.4, 114099.6)

Inspector Comments: Shallow trays of sanitizer solution and wiping cloths at coffee counter contained below 200 ppm sanitizer solution. Maintain sanitizer solution at 200 ppm or above.

It was agreed that a copy of this report will be sent to the email address on file. The person in charge was directed to call this office if the report is not received within two business days. Additional information can be found at www.ehs.fullerton.edu

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