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## RETAIL FOOD FACILITY INSPECTION REPORT

| FACILITY NAME                              |                                  | OPERATOR                         | Permit No.         |
|--|----------------------------------|----------------------------------|--------------------|
| Starbucks - Library                        |                                  | CSU Fullerton Auxiliary Services | 25-23              |
| FACILITY LOCATION                          | INSPECTOR                        |                                  |                    |
| 800 N. State College Blvd., Po             | ollak Library, Fullerton, CA 928 | 31                               | Karen Vu           |
| FOOD MANAGER / CERTIFICATE EXPIRATION DATE |                                  | PERSON IN CHARGE / TITLE         |                    |
| Michael Kontogiannis, 3/2/202              | 6                                |                                  |                    |
| INSPECTION DATE                            | INSPECTION TYPE                  | RE-INSPECTION Date               | INSPECTION RESULTS |
| 09/23/2025                                 | Routine                          |                                  | 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**

| IN                                    | MAJ                                | MIN | N/A   | N/O                           | Violation   | cos | IN                                   | MAJ                              | MIN | N/A   | N/O  | Violation COS  |  |
|---------------------------------------|------------------------------------|-----|---|-------------------------------|---|-----|--------------------------------------|----------------------------------|-----|---|--|--|--|
| EMPLOYEE KNOWLEDGE                    |                                    |     |   | PROTECTION FROM CONTAMINATION |   |     |                                      |                                  |     |   |  |  |  |
| X                                     |                                    |     |   |                               | Demonstration of knowledge, food safety certification             |     | Χ                                    |                                  |     |   |  | 14. Food contact surfaces clean and sanitized  |  |
| EMPLOYEE HEALTH AND HYGENIC PRACTICES |                                    |     |   |                               | Χ   |     | 14A. Sanitizer type is Chlorine      |                                  |     |   |  |  |  |
| Х                                     |                                    |     |   |                               | 2. Communicable diseases: reporting, restrictions, and exclusions |     | Χ                                    |                                  |     |   |  | 14B. Sanitizer type is Quaternary Ammonium   |  |
| X                                     |                                    |     |   |                               | No discharge from eyes, nose, or mouth                            |     |                                      |                                  |     | Х   |  | 14C. Sanitizer type is Iodine  |  |
| X                                     |                                    |     |   |                               | 4. Proper eating,tasting, drinking or tobacco use                 |     | X                                    |                                  |     |   |  | 14D. Sanitizer type is Hot Water   |  |
|                                       |                                    |     |   | С                             | ONTAMINATION BY HANDS   | '   |                                      |                                  |     | F   | 00[  | FROM APPROVED SOURCES  |  |
| X                                     |                                    |     |   |                               | 5. Hands clean and properly washed, gloves used properly          |     | Χ                                    |                                  |     |   |  | 15. Food Obtained from approved source   |  |
| X                                     |                                    |     |   |                               | Adequate hand washing facilities supplied and                     |     |                                      |                                  |     | Х   |  | 16. Compliance with shell stock tags, condition, display                                     |  |
|                                       | TIME AND TEMPERATURE RELATIONSHIPS |     |   |                               |   |     |                                      | Х                                |     | 17. Compliance with Gulf Oyster Regulations |  |  |  |
| X                                     |                                    |     | IIVIL   | AINL                          | 7A. Proper hot holding temperatures.                              |     | CONFORMANCE WITH APPROVED PROCEDURES |                                  |     |   |  |  |  |
| X                                     |                                    |     |   |                               | 7B. Proper cold holding temperatures.                             |     |                                      |                                  |     | Х   |  | 18. Compliance with variance, specialized process and HACCP plan                             |  |
| 7                                     |                                    |     | 8. Times as a public health control; procedures |                               |   |     | CONSUMER ADVISORY                    |                                  |     |   |  |  |  |
| X                                     |                                    |     |   |                               | and records  9. Proper cooling methods                            |     |                                      |                                  |     | Χ   |  | 19. Consumer advisory provided for raw or undercooked foods                                  |  |
| X                                     |                                    |     |   |                               | 10. Proper Cooking time and temperature                           |     |                                      |                                  |     | Χ   |  | 20. Licensed health care facilities/public and private schools: prohibited foods not offered |  |
| X                                     |                                    |     |   |                               | 11. Proper reheating procedures for hot holding                   |     | WATER/HOT WATER                      |                                  |     |   | WATER/HOT WATER                            |  |  |
| PROTECTION FROM CONTAMINATION         |                                    | •   | X   |                               |   |     |                                      | 21. Hot and cold water available |     |   |  |  |  |
| X                                     |                                    |     |   |                               | 12. Return and re-service of food                                 |     | Х                                    |                                  |     |   |  | 22. Sewage and wastewater properly disposed  |  |
| X                                     |                                    |     |   |                               | 13. Food in good condition, safe, and unadulterated               |     | VERMIN                               |                                  |     |   |  |  |  |
|                                       |                                    |     |   | undunoidiou                   |   |     |                                      |                                  |     |   | 23. No rodents, insects, birds, or animals |  |  |

| FACILITY NAME   | DATE       | Permit No. |  |  |  |  |  |  |
|---|------------|------------|--|--|--|--|--|--|
| Starbucks - Library   | 09/23/2025 | 25-23      |  |  |  |  |  |  |
| FACILITY LOCATION   | ·          |            |  |  |  |  |  |  |
| 800 N. State College Blvd. Pollak Library, Fullerton, CA, 92831 |            |            |  |  |  |  |  |  |

#### **Good Retail Practices**

| OUT | Violation   | Violation COS OUT Violation |   |  | cos                   | 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                         | Χ   | 35. Equipment/utensils approved, installed,  |                       |     | PERMANENT FOOD FACILITIES  |     |  |  |
|     | 26. Approved thawing methods used, frozen food 27. Food separated and protected         |                             |   | clean, good repair, capacity  36. Equipment, utensils, and linens: storage and use |                       |     | 45. Floor, walls, and ceilings: built, maintained, and cleaned     |     |  |  |
|     |   |                             |   | 37. Vending Machines   |                       |     | 46. No unapproved private homes/living or sleeping quarters        |     |  |  |
|     | 28. Washing fruits and vegetables   |                             |   | 38. Adequate ventilation and lighting,   |                       |     | SIGNS/REQUIREMENTS   |     |  |  |
|     | 29. Toxic substances properly identified,   |                             |   | designated areas, use  |                       |     | 47. Signs posted, last inspection report available, placard posted |     |  |  |
|     | stored, used   FOOD STORAGE/DISPLAY/SERVICE   30. Food storage, food storage containers |                             | 39. Thermometers provided and accurate      |  |                       |     | COMPLIANCE ENFORCEMENT   |     |  |  |
|     |   |                             | 40. Wiping cloths: properly used and stored |  |                       |     | 48. Plan review  |     |  |  |
| -   | identified  |                             |   | PHYSICAL FACILITIES  | 49. Permits available |     |  |     |  |  |
|     | 31. Consumer self-service   |                             | X   | 41. Plumbing: proper backflow devices  |                       |     | 50.1   |     |  |  |
|     | 32. Food properly labeled and honestly presented  |                             |   | 42. Garbage and refuse properly disposed of, facilities maintained                 |                       |     | 50. Impoundment  |     |  |  |
|     |   |                             |   |  |                       |     | 51. Permit Suspension  |     |  |  |

### **Opening Comments**

A routine inspection was conducted this date for the Starbucks inside Pollak Library.

The facility is currently in Plan Check for the additional storage room located in the basement of the Library.

# 35. Equipment/utensils approved, installed, clean, good repair, capacity

All utensils and equipment shall be approved, fully operative, and in good repair. (114130, 114130.1, 114130.2, 114130.3, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114155, 114165, 114167, 114169, 114175, 114177, 114180, 114182)

Inspector Comments: 1. Observed torn gasket on the freezer door. Replace torn gasket.

Observed damaged wood inside the cabinet under the dump sink. Replace damaged wood.

### 41. Plumbing: proper backflow devices

All plumbing, plumbing fixtures and grease interceptors shall be installed in compliance with local plumbing ordinances. (114171, 114183.1, 114190, 114192, 114193, 114193.1, 114199, 114201, 114269)

Inspector Comments: Observed condensate dripping under the water fill station into the cabinet.

Determine the cause of the condensate and make the necessary repairs to prevent the condensate from dripping into the cabinet.

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

