

## RETAIL FOOD FACILITY INSPECTION REPORT

|                                                                                    |                            |                                              |                            |                       |
|------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|----------------------------|-----------------------|
| FACILITY NAME<br>Starbucks - TSU                                                   |                            | OPERATOR<br>CSU Fullerton Auxiliary Services |                            | Permit No.<br>25-25   |
| FACILITY LOCATION<br>800 N. State College Blvd., TSU Basement, Fullerton, CA 92831 |                            |                                              |                            | INSPECTOR<br>Karen Vu |
| FOOD MANAGER / CERTIFICATE EXPIRATION DATE<br>Christianne Pantoja, 01/13/2028      |                            | PERSON IN CHARGE / TITLE                     |                            |                       |
| INSPECTION DATE<br>09/23/2025                                                      | INSPECTION TYPE<br>Routine | RE-INSPECTION Date                           | INSPECTION RESULTS<br>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 |
|----------------------------------------------|-----|-----|-----|-----|----------------------------------------------------------------------------------------------|-----|
| <b>EMPLOYEE KNOWLEDGE</b>                    |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 1. Demonstration of knowledge, food safety certification                                     |     |
| <b>EMPLOYEE HEALTH AND HYGENIC PRACTICES</b> |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 2. Communicable diseases: reporting, restrictions, and exclusions                            |     |
| X                                            |     |     |     |     | 3. No discharge from eyes, nose, or mouth                                                    |     |
| X                                            |     |     |     |     | 4. Proper eating, tasting, drinking or tobacco use                                           |     |
| <b>CONTAMINATION BY HANDS</b>                |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 5. Hands clean and properly washed, gloves used properly                                     |     |
| X                                            |     |     |     |     | 6. Adequate hand washing facilities supplied and accessible.                                 |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>    |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 7A. Proper hot holding temperatures.                                                         |     |
| X                                            |     |     |     |     | 7B. Proper cold holding temperatures.                                                        |     |
|                                              |     |     | X   |     | 8. Times as a public health control; procedures and records                                  |     |
| X                                            |     |     |     |     | 9. Proper cooling methods                                                                    |     |
| X                                            |     |     |     |     | 10. Proper Cooking time and temperature                                                      |     |
| X                                            |     |     |     |     | 11. Proper reheating procedures for hot holding                                              |     |
| <b>PROTECTION FROM CONTAMINATION</b>         |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 12. Return and re-service of food                                                            |     |
| X                                            |     |     |     |     | 13. Food in good condition, safe, and unadulterated                                          |     |
| <b>PROTECTION FROM CONTAMINATION</b>         |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 14. Food contact surfaces clean and sanitized                                                |     |
|                                              |     |     | X   |     | 14A. Sanitizer type is Chlorine                                                              |     |
| X                                            |     |     |     |     | 14B. Sanitizer type is Quaternary Ammonium                                                   |     |
|                                              |     |     | X   |     | 14C. Sanitizer type is Iodine                                                                |     |
| X                                            |     |     |     |     | 14D. Sanitizer type is Hot Water                                                             |     |
| <b>FOOD FROM APPROVED SOURCES</b>            |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 15. Food Obtained from approved source                                                       |     |
|                                              |     |     | X   |     | 16. Compliance with shell stock tags, condition, display                                     |     |
|                                              |     |     | X   |     | 17. Compliance with Gulf Oyster Regulations                                                  |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b>  |     |     |     |     |                                                                                              |     |
|                                              |     |     | X   |     | 18. Compliance with variance, specialized process and HACCP plan                             |     |
| <b>CONSUMER ADVISORY</b>                     |     |     |     |     |                                                                                              |     |
|                                              |     |     | X   |     | 19. Consumer advisory provided for raw or undercooked foods                                  |     |
|                                              |     |     | X   |     | 20. Licensed health care facilities/public and private schools: prohibited foods not offered |     |
| <b>WATER/HOT WATER</b>                       |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 21. Hot and cold water available                                                             |     |
| X                                            |     |     |     |     | 22. Sewage and wastewater properly disposed                                                  |     |
| <b>VERMIN</b>                                |     |     |     |     |                                                                                              |     |
| X                                            |     |     |     |     | 23. No rodents, insects, birds, or animals                                                   |     |

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

### Good Retail Practices

| OUT                                     | Violation                                              | COS | OUT                              | Violation                                                                | COS | OUT                              | Violation                                                          | COS |
|-----------------------------------------|--------------------------------------------------------|-----|----------------------------------|--------------------------------------------------------------------------|-----|----------------------------------|--------------------------------------------------------------------|-----|
| <b>SUPERVISION</b>                      |                                                        |     | <b>EQUIPMENT/UTENSILS/LINENS</b> |                                                                          |     | <b>PHYSICAL FACILITIES</b>       |                                                                    |     |
|                                         | 24. Person in charge present and performs duties       |     | X                                | 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             |     |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b> |                                                        |     |                                  | 35. Equipment/utensils approved, installed, clean, good repair, capacity |     | <b>PERMANENT FOOD FACILITIES</b> |                                                                    |     |
|                                         | 26. Approved thawing methods used, frozen food         |     |                                  | 36. Equipment, utensils, and linens: storage and use                     |     | X                                | 45. Floor, walls, and ceilings: built, maintained, and cleaned     |     |
|                                         | 27. Food separated and protected                       |     |                                  | 37. Vending Machines                                                     |     |                                  | 46. No unapproved private homes/living or sleeping quarters        |     |
|                                         | 28. Washing fruits and vegetables                      |     |                                  | 38. Adequate ventilation and lighting, designated areas, use             |     | <b>SIGNS/REQUIREMENTS</b>        |                                                                    |     |
|                                         | 29. Toxic substances properly identified, stored, used |     |                                  | 39. Thermometers provided and accurate                                   |     |                                  | 47. Signs posted, last inspection report available, placard posted |     |
| <b>FOOD STORAGE/DISPLAY/SERVICE</b>     |                                                        |     |                                  | 40. Wiping cloths: properly used and stored                              |     | <b>COMPLIANCE ENFORCEMENT</b>    |                                                                    |     |
|                                         | 30. Food storage, food storage containers identified   |     | <b>PHYSICAL FACILITIES</b>       |                                                                          |     |                                  | 48. Plan review                                                    |     |
|                                         | 31. Consumer self-service                              |     |                                  | 41. Plumbing: proper backflow devices                                    |     |                                  | 49. Permits available                                              |     |
|                                         | 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 Starbucks at the TSU.

The following was observed/ discussed this date:

- Observed wrong cove base tiles at the front service line. Upon disrepair or renovations, the facility shall replace the tiles with approved cove base tiles.

- Reminder: Fire Code 315.3.1 Ceiling clearance. Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

### 33. Nonfood contact surfaces clean

All nonfood-contact surfaces of utensils and equipment shall be clean. (114115(c))

Inspector Comments: Observed dust accumulation on the ledge above the ice machine where the lid is located. Clean and maintain the ice machine in clean and in good condition at all times.

### 45. Floor, walls, and ceilings: built, maintained, and cleaned

Food facility shall be fully enclosed. Walls, floors, and ceilings shall be approved and in good repair. (114143(d), 114266, 114268, 114268.1, 114271, 114272)

Inspector Comments: Observed two broken cove base tiles in the front service area. Replace broken tiles.

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](http://www.ehs.fullerton.edu)