

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. | |
|--|------------------------------|----------------------------------|--------------------|--|
| Togo's | | CSU Fullerton Auxiliary Services | 19-32 | |
| FACILITY LOCATION | | | INSPECTOR | |
| 800 N. State College Blvd., TS | SU Food Court, Fullerton, CA | 92831 | Justine Baldacci | |
| FOOD MANAGER / CERTIFICATE EXPIRATION DATE | | PERSON IN CHARGE / TITLE | | |
| Christina Martinez / 7/27/2021 | | Christina Martinez / Manager | | |
| INSPECTION DATE | INSPECTION TYPE | RE-INSPECTION Date | INSPECTION RESULTS | |
| 04/23/2019 | Routine | 08/23/2019 | 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 | I/O | Violation | cos | IN | MAJ | J | MIN | N/A | N/O | Violation COS | | | | |
|--------------------|-----|-----|-----|--|-----|--|-----|--------|-----|---|-------------------|-----|---|--|--|--|--|--|
| EMPLOYEE KNOWLEDGE | | | | | | PROTECTION FROM CONTAMINATION | | | | | | | | | | | | |
| • | | | | 1. Demonstration of knowledge, food safety certification | | | • | | | | | | 14. Food contact surfaces clean and sanitized | | | | | |
| | | E | MF | | DYI | EE HEALTH AND HYGENIC PRACTICES | | | | | | • | | 14A. Sanitizer type is Chlorine | | | | |
| • | | | | | | 2. Communicable diseases: reporting, restrictions, and exclusions | | • | | | | | | 14B. Sanitizer type is Quaternary Ammonium | | | | |
| • | | | | T | | 3. No discharge from eyes, nose, or mouth | | | | | | • | | 14C. Sanitizer type is lodine | | | | |
| • | | | | | | 4. Proper eating,tasting, drinking or tobacco use | | | | | | • | | 14D. Sanitizer type is Hot Water | | | | |
| | | I | ! | _! | | CONTAMINATION BY HANDS | | | | | | | FO | OD FROM APPROVED SOURCES | | | | |
| • | | | | | | 5. Hands clean and properly washed, gloves used properly | | • | | | | | | 15. Food Obtained from approved source | | | | |
| • | | | | ╈ | | 6. Adequate hand washing facilities supplied and | | | | | | • | | 16. Compliance with shell stock tags, condition, display | | | | |
| | | | т | | - ^ | | | | | | | • | | 17. Compliance with Gulf Oyster Regulations | | | | |
| • | | | | | : A | ND TEMPERATURE RELATIONSHIPS 7A. Proper hot holding temperatures. | | | _ | | со | NF | ORN | IANCE WITH APPROVED PROCEDURES | | | | |
| • | | | | ╈ | | 7B. Proper cold holding temperatures. | | | | | | • | | 18. Compliance with variance, specialized process and HACCP plan | | | | |
| • | | | | + | | 8. Times as a public health control; procedures and | | | | | CONSUMER ADVISORY | | | | | | | |
| | | | • | + | | records 9. Proper cooling methods | | | | | | • | | 19. Consumer advisory provided for raw or undercooked foods | | | | |
| | | | • | + | | 10. Proper Cooking time and temperature | | | | | | • | | 20. Licensed health care facilities/public and private schools: prohibited foods not offered | | | | |
| • | | | | ╈ | | 11. Proper reheating procedures for hot holding | | | | | | | WATER/HOT WATER | | | | | |
| | | 1 | | PI | 20 | TECTION FROM CONTAMINATION | L | • | | | | | | 21. Hot and cold water available | | | | |
| • | | | | Ť | | 12. Return and re-service of food | | • | | | | | | 22. Sewage and wastewater properly disposed | | | | |
| • | | | | T | | 13. Food in good condition, safe, and unadulterated | | VERMIN | | | | | | | | | | |
| | | | | | | | | • | | | | | | 23. No rodents, insects, birds, or animals | | | | |

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800 N. State College Blvd., TSU Food Court, Fullerton, CA 92831

Good Retail Practices

| OUT | Violation | COS | OUT | OUT Violation | | OUT | Violation | COS | |
|-----|---|-----|---------------------|--|--|--|--|-----|--|
| | SUPERVISION | | | EQUIPMENT/UTENSILS/LINENS | | | PHYSICAL FACILITIES | | |
| | 24. Person in charge present and performs duties 25. Personal cleanliness and hair restraints | | | 33. Nonfood contact surfaces clean | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | |
| | | | | 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 | | | clean, good repair, capacity 36. Equipment, utensils, and linens: storage | | | 45. Floor, walls, and ceilings: built, maintained, and cleaned | | |
| | 27. Food separated and protected 28. Washing fruits and vegetables | | | and use 37. Vending Machines | | | 46. No unapproved private homes/living or sleeping quarters | | |
| | | | | 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 | | | 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 | | | 42. Garbage and refuse properly disposed | | | 50. Impoundment | | |
| | presented | | | of, facilities maintained | | | 51. Permit Suspension | | |

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