

# 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.		
ASI Food Pantry		Associated Students Inc.,	21-33		
FACILITY LOCATION	INSPECTOR				
800 N. State College Blvd. TS	Justine Baldacci				
FOOD MANAGER / CERTIFICATE EXPIRATION DATE		PERSON IN CHARGE / TITLE			
Christina M. Truong		Christina Truong / Manager			
INSPECTION DATE	INSPECTION TYPE	RE-INSPECTION Date	INSPECTION RESULTS		
08/13/2021	Routine	08/13/2022	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	MAINI	NI/A	N/O	Violation	cos	INI	N4A 1	MIN	NI/A	N/O	Violation CC
IIN	IVIAJ	IVIIIN	IN/A	IN/O	Violation COS		IIN	IVIAJ	IVIIIN	IN/A	IN/O	Violation
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
•					4. 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	П	•					15. Food Obtained from approved source
			•		Adequate hand washing facilities supplied and					•		16. Compliance with shell stock tags, condition, display
	accessible.				<u> </u>				•		17. Compliance with Gulf Oyster Regulations	
			TIN	ME A	ND TEMPERATURE RELATIONSHIPS				00			MANCE WITH APPROVED PROCEDURES
			•		7A. Proper hot holding temperatures.						UKI	
•					7B. Proper cold holding temperatures.					•		18. Compliance with variance, specialized process and HACCP plan
			•		Times as a public health control; procedures and records		CONSUMER ADVISORY				CONSUMER ADVISORY	
			•		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					
	PROTECTION FROM CONTAMINATION				<b>'</b>				•		21. Hot and cold water available	
•					12. Return and re-service of food	П				•		22. Sewage and wastewater properly disposed
•					13. Food in good condition, safe, and unadulterated			VERMIN			VERMIN	
											23. No rodents, insects, birds, or animals	

Page 1 of 2 Printed 8/13/21 1:31 PM

FACILITY NAME	DATE	Permit No.	
ASI Food Pantry	08/13/2021	21-33	
FACILITY LOCATION	·	·	
800 N. State College Blvd, TSU-218			

#### **Good Retail Practices**

OUT	Violation	cos	OUT Violation C			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/utensils approved, installed,			PERMANENT FOOD FACILITIES			
	26. Approved thawing methods used, frozen food  27. Food separated and protected  28. Washing fruits and vegetables			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			
				38. Adequate ventilation and lighting,			SIGNS/REQUIREMENTS			
	29. Toxic substances properly identified, stored, used			designated areas, use  39. Thermometers provided and accurate			47. Signs posted, last inspection report available, placard posted			
	FOOD STORAGE/DISPLAY/SERVICE		os. Memoriters provided and accurate				COMPLIANCE ENFORCEMENT			
	30. Food storage, food storage containers			40. Wiping cloths: properly used and stored			48. Plan review			
	identified 24 Consumer of the state of the s			PHYSICAL FACILITIES		49. Permits available				
	31. Consumer self-service			41. Plumbing: proper backflow devices			<del></del>			
	32. Food properly labeled and honestly		-	42. Carbaga and refuse preparty dispessed			50. Impoundment			
	presented			42. Garbage and refuse properly disposed of, facilities maintained			51. Permit Suspension			

## **Opening Comments**

This inspection was conducted prior to the facility opening. Planned opening to occur on 8/23/2021.

## 39. Thermometers provided and accurate

Probe and display thermometers shall be available for use and provided for all equipment required to hold a certain temperature. (114157, 114159)

Inspector Comments: Thermometer not present in refrigeration unit. Provide a thermometer in the warmest part of each refrigeration unit. PIC stated thermometers had been ordered.

### 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: Missing ceiling tile observed in storage room. Replace missing ceiling tile.

Penetration in wall observed near drain pipe in wall near cold hold units. Seal penetration so that no gap remains.

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

Page 2 of 2 Printed 8/13/21 1:31 PM