

# 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.		
Aloha Java		Connie So	22-01		
FACILITY LOCATION			INSPECTOR		
800 N. State College Blvd., Gl	H Plaza, Fullerton, CA 92831		Justine Baldacci		
FOOD MANAGER / CERTIFICATE EXPIRATION DATE		PERSON IN CHARGE / TITLE			
Connie So, 7/18/2026		Connie So / Owner			
INSPECTION DATE	INSPECTION TYPE	RE-INSPECTION Date	INSPECTION RESULTS		
04/24/2023	Routine	08/24/2023	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	IN	MAJ	MIN	N/A	N/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			
•					Communicable diseases: reporting, restrictions, and exclusions		•					14B. Sanitizer type is Quaternary Ammonium	
•					No discharge from eyes, nose, or mouth					•		14C. Sanitizer type is lodine	
•					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.	<u> </u>				•		17. Compliance with Gulf Oyster Regulations	
			TIN	<u>ИЕ А</u>	ND TEMPERATURE RELATIONSHIPS								
			•		7A. Proper hot holding temperatures.			CONFORMANCE WITH APPROVED PROCEDURES					
•					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					
			•		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						
	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			VERMIN		
	.						•					23. No rodents, insects, birds, or animals	

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FACILITY NAME	DATE	Permit No.						
Aloha Java	04/24/2023	22-01						
FACILITY LOCATION								
800 N. State College Blvd. GH Plaza, Fullerton, CA, 92831								

#### **Good Retail Practices**

OUT	Violation	cos	OUT	JT Violation CC		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/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  FOOD STORAGE/DISPLAY/SERVICE			designated areas, use  39. Thermometers provided and accurate			47. Signs posted, last inspection report available, placard posted		
							COMPLIANCE ENFORCEMENT		
	30. Food storage, food storage containers			40. Wiping cloths: properly used and stored		48. Plan review			
	identified			PHYSICAL FACILITIES		49. Permits available			
	31. Consumer self-service			41. Plumbing: proper backflow devices					
	32. Food properly labeled and honestly			42. Carbaga and refuse preparty disposed	$\vdash$		50. Impoundment		
	presented			42. Garbage and refuse properly disposed of, facilities maintained			51. Permit Suspension		

## **Opening Comments**

## 8. Times as a public health control; procedures and records

When time only, rather than time and temperature is used as a public health control, records and documentation must be maintained. (114000)

Inspector Comments: Written procedures and documentation not maintained for mixing utensils held in still water. When time only, rather than time in conjunction with temperature is used as a public health control, proper records and documentation must be maintained.

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

All utensils and equipment shall be approved, fully operative, and in good repair. (114130.1, 114130.1, 114130.2, 114130.3, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114155, 114165, 114165, 114167, 114169, 114175, 114177, 114180, 114182)

Inspector Comments: User manuals for ice machine, refrigerator, and freezer units currently used outdoors were reviewed during a prior inspection; equipment is not designed or approved for outdoor use. Relocate equipment to an indoor location or replace with equipment designed and approved for outdoor use. (REPEAT)

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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