



Official Food Facility Inspection Report

Department of Public Health ❖ Environmental Health Division
1221 Fulton Mall, P.O. Box 11867, Fresno, CA 93775, 559-445-3357
www.fcdph.org ❖ Email: EnvironmentalHealth@co.fresno.ca.us

Check here if facility, or portion of the facility, was ordered to close.

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FACILITY NAME Pacific Cafe		IDENTIFIER		DATE 12-9-09	
SITE ADDRESS 1101 E University		CITY / ZIP Fresno / 93704	CT 3500	FA 0270631	
OWNER Shigemi & Bonnie Hagihara		FACILITY PHONE 495-0817	PERMIT EXPIRATION DATE 10-31-10	PR/CO 0044897	
<input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> REINSPECTION 1st <input type="checkbox"/> COMPLAINT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/>		PERMIT POSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TIME IN 11:00AM	TIME OUT 11:55AM	PE 1615

See reverse side for the code sections and general requirements that correspond to each violation listed below

In = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT = Violations

DEMONSTRATION OF KNOWLEDGE	IN	N/O	OUT			
1. Demonstration of knowledge: food safety certification Food Safety Cert Name: Shigemi Hagihara 11-810 Prometric Exp. Date: Thirteen	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
EMPLOYEE HEALTH & HYGIENIC PRACTICES	IN	N/O	COS	OUT	MAJ	
2. Communicable disease: reporting, restrictions & exclusions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PREVENTING CONTAMINATION BY HANDS	IN	N/O	COS	OUT	MAJ	
5. Hands clean and properly washed; gloves used properly	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Adequate handwashing facilities supplied & accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
TIME AND TEMPERATURE RELATIONSHIPS	IN	N/O	N/A	COS	OUT	MAJ
7. Proper hot and cold holding temperatures Cold <input checked="" type="radio"/> Hot <input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Time as a public health control; procedures & records	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Proper cooling methods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Proper cooking time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PROTECTION FROM CONTAMINATION	IN	N/O	N/A	COS	OUT	MAJ
12. Returned and reservice of food	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. Food in good condition, safe and unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PROTECTION FROM CONTAMINATION	IN	N/O	N/A	COS	OUT	MAJ
14. Food contact surfaces: clean and sanitized Sanitizer Type: Linen _____ ppm <input type="radio"/> Cl <input type="radio"/> Qt, Utensil sink _____ ppm <input type="radio"/> Cl <input type="radio"/> Qt Dishwasher _____ ppm Chlorine or <input type="radio"/> Hot Water Temp: _____	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOOD FROM APPROVED SOURCES	IN	N/O	N/A	COS	OUT	MAJ
15. Food obtained from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Compliance with shell stock tags, condition, display	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Compliance with Gulf Oyster Regulations	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CONFORMANCE WITH APPROVED PROCEDURES	IN	N/A	COS	OUT	MAJ	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CONSUMER ADVISORY	IN	N/O	N/A	COS	OUT	MAJ
19. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
HIGHLY SUSCEPTIBLE POPULATIONS	IN	N/A	COS	OUT	MAJ	
20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
WATER/HOT WATER	IN	COS	OUT	MAJ		
21. Hot and cold water available Temp _____	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
LIQUID WASTE DISPOSAL	IN	COS	OUT	MAJ		
22. Sewage and wastewater properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
VERMIN	IN	COS	OUT	MAJ		
23. No rodents, insects, birds, or animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

SUPERVISION	OUT
24. Person in charge present and performs duties	<input type="radio"/>
PERSONAL CLEANLINESS	OUT
25. Personal cleanliness and hair restraints	<input type="radio"/>
GENERAL FOOD SAFETY REQUIREMENTS	OUT
26. Approved thawing methods used, frozen food	<input type="radio"/>
27. Food separated and protected; sneeze guards	<input type="radio"/>
28. Washing fruits and vegetables	<input type="radio"/>
29. Toxic substances properly identified, stored, used containers	<input type="radio"/>
FOOD STORAGE/ DISPLAY/ SERVICE	OUT
30. Food storage; food storage containers identified	<input type="radio"/>
31. Consumer self-service	<input type="radio"/>
32. Food properly labeled & honestly presented	<input type="radio"/>
EQUIPMENT/ UTENSILS/ LINENS	OUT
33. Nonfood contact surfaces clean	<input type="radio"/>
34. Warewashing facilities: installed, maintained, used; test strips	<input type="radio"/>
35. Equipment/ Utensils approved; installed; clean; good repair, capacity	<input type="radio"/>
36. Equipment, utensils and linens: storage and use; pressurized cylinders	<input type="radio"/>
37. Vending machines	<input type="radio"/>
38. Adequate ventilation and lighting, designated areas, use	<input type="radio"/>

39. Thermometers provided and accurate	<input type="radio"/>
40. Wiping cloths: properly used and stored	<input type="radio"/>
PHYSICAL FACILITIES	OUT
41. Plumbing: proper backflow devices	<input type="radio"/>
42. Garbage and refuse properly disposed; facilities maintained	<input type="radio"/>
43. Toilet facilities: properly constructed, supplied, cleaned	<input type="radio"/>
44. Premises; personal/cleaning items; vermin-proofing; unused equipment	<input type="radio"/>
PERMANENT FOOD FACILITIES	OUT
45. Floor, walls and ceilings: built, maintained, and clean	<input type="radio"/>
46. No unapproved private homes/ living or sleeping quarters	<input type="radio"/>
SIGNS/ REQUIREMENTS	OUT
47. Signs posted; last inspection report available	<input type="radio"/>
COMPLIANCE & ENFORCEMENT	OUT
48. Plan Review	<input type="radio"/>
49. Permits Available	<input type="radio"/>
50. Impoundment	<input type="radio"/>
51. Permit Suspension	<input type="radio"/>

INTERIM PERMIT TO OPERATE ISSUED. Valid for 90 days.
Authorized by: _____

RECEIVED BY (Print) SHIGEMI, HAGIHARA	TITLE OWNER	RECEIVED BY (Signature)
SPECIALIST (Print) Gary Chung	SPECIALIST (Signature) 	REINSPECTION DATE: 1 1

NOTICE: REINSPECTION FEES WILL BE CHARGED FOR REINSPECTIONS DUE TO UNCORRECTED VIOLATIONS



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(Continuation Page)

PAGE 2 OF 2

FACILITY NAME <u>Pacific Cafe</u>		IDENTIFIER	DATE <u>12-9-09</u>
SITE ADDRESS, CITY, ZIP <u>1101 E University, Fresno, 93704</u>		FA <u>0270551</u>	PR CO <u>0044897</u>
		PE <u>1615</u>	

TEMPERATURE CONTROL: Documentation required for all facilities with potentially hazardous food.

Type of Food	Temp (°F)	Temp Violation	Process/Holding Location	Type of Food	Temp (°F)	Temp Violation	Process/Holding Location
1 cooked vegetables	45	<input type="radio"/>	steam table	6		<input type="radio"/>	
2 egg rolls	149	<input type="radio"/>	under heat lamp	7		<input type="radio"/>	
3		<input type="radio"/>		8		<input type="radio"/>	
4		<input type="radio"/>		9		<input type="radio"/>	
5		<input type="radio"/>		10		<input type="radio"/>	

See VC&D form.

No potentially hazardous food at facility.

DF# OBSERVATIONS AND CORRECTIVE ACTIONS

All violations have been corrected from inspection on 12-1-09.

IF SIGNED HERE BY INSPECTOR (REHS) _____, UPON AUTHORITY OF THE ENVIRONMENTAL HEALTH DIRECTOR, THE ENVIRONMENTAL HEALTH PERMIT FOR THE BUSINESS IS IMMEDIATELY SUSPENDED DUE TO THE ITEMS MARKED WITH AN ASTERISK (*). THE BUSINESS IS TO REMAIN CLOSED UNTIL ALL OF THE CORRECTIONS ARE COMPLETED AND WRITTEN AUTHORIZATION TO REOPEN IS ISSUED BY THIS OFFICE. AN APPEAL OF THIS SUSPENSION MAY BE REQUESTED BY WRITING TO THE ENVIRONMENTAL HEALTH DIRECTOR.

RECEIVED BY

X

INSPECTED BY

Gary Chugg