CITY HALL

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SAN CARLOS, CA 94070-3085

PUBLIC WORKS DEPARTMENT

ENGINEERING DIVISION

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September 12, 2011

San Francisco Regional Water Quality Control Board
Attn: Sue Ma
1515 Clay Street, Suite 1400
Oakland, CA 94612

Subject: Fiscal Year 2010-2011 Annual Report for Municipal Regional Permit

Dear Ms. Ma,

Enclosure 1 is the Fiscal Year 2010-2011 report regarding compliance with the Municipal Regional Stormwater NPDES Permit for the City of San Carlos. This report covers the period from July 1, 2010 to June 30, 2011.

The City of San Carlos has made excellent progress complying with the high standards of the Municipal Regional Permit. The Senior Engineer, currently serving as the Acting City Engineer, has been authorized in writing (Enclosure 2) to sign the annual report and has been given the authority to coordinate stormwater quality activities by all departments. Staff roles and responsibilities have been clearly assigned, and coordination with the County Environmental Health has been improved. An Enforcement Response Plan has been prepared and implemented. We have purchased the equipment and developed procedures to measure dissolved oxygen at our three stormwater pump stations. Mapping of the storm drain system in the City's Geographic Information System (GIS) has been upgraded and a layer has been added to the GIS to show the boundaries of watersheds. A trash hot spot has been selected and the initial assessment has been completed.

This report is certified in accordance with the below statement:

I certify under penalty of law that this document and all attachments are prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. [40 CFR 122.22(d)].

If you have any questions, please contact me at rchan@cityofsancarlos.org or (650) 802-4201.

Sincerely,

Ray Chan

Ray Chan, P.E.
Acting City Engineer

Encl: 1) San Carlos FY 2010-2011 Annual MRP Report
2) Delegation of Signature Authority

Copy: Pam Boyle, EOA
Jeff Maltbie, City Manager (w/o enclosures)
Al Savay, Acting Public Works Director (w/o enclosures)
Gavin Moynahan, Assistant Planner (w/o enclosures)
Jill Lewis, Associate Planner (w/o enclosures)
Guy Wallace, Parks Superintendent (w/o enclosures)
Paul Baker, Public Works Superintendent (w/o enclosures)
Dermot Casey, San Mateo County Environmental Health (w/o enclosures)

ATTACHMENT B

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Section 1 – Permittee Information

Background Information					
Permittee Name:	City of San Carlos				
Population:	29,155				
NPDES Permit No.:	CAS612008				
Order Number:	R2-2009-0074				
Reporting Time Period (month/year):	July / 2010 through June / 2011				
Name of the Responsible Authority:	Jeff Maltbie			**Title:**	City Manager
Mailing Address:	600 Elm Street				
City:	San Carlos	**Zip Code:**	94070	**County:**	San Mateo
Telephone Number:	650-802-4228		**Fax Number:**		650-595-6729
E-mail Address:	JMaltbie@cityofsancarlos.org				
Name of the Designated Stormwater Management Program Contact (if different from above):	Ray Chan			**Title:**	Acting City Engineer
Department:	Public Works				
Mailing Address:	600 Elm Street				
City:	San Carlos	**Zip Code:**	94070	**County:**	San Mateo
Telephone Number:	650-802-4201		**Fax Number:**		650-595-6713
E-mail Address:	RChan@cityofsancarlos.org				

Section 2 - Provision C.2 Reporting Municipal Operations

Program Highlights and Evaluation

Highlight/summarize activities for reporting year:

Summary:

Municipal operations that were required under the previous permit have been continued as before, and new operations required by the MRP have been added. Staff participated in the trash work group and municipal maintenance sub-committee meetings. Staff is utilizing the Storm water Pump Station Dissolved Oxygen Monitoring and Inspection Form as designed by the work group for dry weather DO monitoring and wet weather inspections.

C.2.a. ►Street and Road Repair and Maintenance

Place an **X** in the boxes next to implemented BMPs to indicate that these BMPs were implemented in applicable instances. If not applicable, type **NA** in the box. If one or more of these BMPs were not adequately implemented during the reporting fiscal year then indicate so and provide explanation in the comments section below:

X	Control of debris and waste materials during road and parking lot installation, repaving or repair maintenance activities from polluting stormwater
X	Control of concrete slurry and wastewater, asphalt, pavement cutting, and other street and road maintenance materials and wastewater from discharging to storm drains from work sites.
X	Sweeping and/or vacuuming and other dry methods to remove debris, concrete, or sediment residues from work sites upon completion of work.

Comments:

C.2.b. ►Sidewalk/Plaza Maintenance and Pavement Washing

Place an **X** in the boxes next to implemented BMPs to indicate that these BMPs were implemented in applicable instances. If not applicable, type **NA** in the box. If one or more of these BMPs were not adequately implemented during the reporting fiscal year then indicate so and explain in the comments section below:

X	Control of wash water from pavement washing, mobile cleaning, pressure wash operations at parking lots, garages, trash areas, gas station fueling areas, and sidewalk and plaza cleaning activities from polluting stormwater
X	Implementation of the BASMAA Mobile Surface Cleaner Program BMPs

Comments:

C.2.c. ►Bridge and Structure Maintenance and Graffiti Removal

Place an **X** in the boxes next to implemented BMPs to indicate that these BMPs were implemented in applicable instances. If not applicable, type **NA** in the box. If one or more of these BMPs were not adequately implemented during the reporting fiscal year then indicate so and explain in the comments section below:

n/a	Control of discharges from bridge and structural maintenance activities directly over water or into storm drains
X	Control of discharges from graffiti removal activities
X	Proper disposal for wastes generated from bridge and structure maintenance and graffiti removal activities
X	Implementation of the BASMAA Mobile Surface Cleaner Program BMPs for graffiti removal
X	Employee training on proper capture and disposal methods for wastes generated from bridge and structural maintenance and graffiti removal activities.
X	Contract specifications requiring proper capture and disposal methods for wastes generated from bridge and structural maintenance and graffiti removal activities.

Comments:

C.2.d. ►Stormwater Pump Stations

Does your municipality own stormwater pump stations:	**X**	**Yes**		**No**

If your answer is **No** then skip to **C.2.e.**

Complete the following table for dry weather DO monitoring and inspection data for pump stations[1] (add more rows for additional pump stations):

Pump Station Name and Location	**First inspection Dry Weather DO Data**		**Second inspection Dry Weather DO Data**	
	Date	**mg/L**	**Date**	**mg/L**
Pulgas Pump Station	7/21/10	5.7	9/20/10	5.3
Brittan/Howard Pump Station	7/21/10	6	9/20/10	4.8

[1] Pump stations that pump stormwater into stormwater collection systems or infiltrate into a dry creek immediately downstream are exempt from DO monitoring.

Summarize corrective actions as needed for DO monitoring at or below 3 mg/L. Attach inspection records of additional DO monitoring for corrective actions:

Summary:

Attachments:

Complete the following table for wet weather inspection data for pump stations (add more rows for additional pump stations):

Pump Station Name and Location	**Date** (2x/year required)	**Presence of Trash** (Cubic Yards)	**Presence of Odor** (Yes or No)	**Presence of Color** (Yes or No)	**Presence of Turbidity** (Yes or No)	**Presence of Floating Hydrocarbons** (Yes or No)
Pulgas Pump Station	11/8/10	0	No	No	No	No
Brittan/Howard Pump Station	11/8/10	0	No	No	No	No
Pulgas Pump Station	2/15/11	0	No	No	No	No
Brittan/Howard Pump Station	2/15/11	0	No	No	No	No

C.2.e. ►Rural Public Works Construction and Maintenance

Does your municipality own/maintain rural[2] roads:		**Yes**	X	**No**
If your answer is **No** then skip to **C.2.f**.				
Place an **X** in the boxes next to implemented BMPs to indicate that these BMPs were implemented in applicable instances. If one or more of the BMPs were not adequately implemented during the reporting fiscal year then indicate so and explain in the comments section below:				
	Control of road-related erosion and sediment transport from road design, construction, maintenance, and repairs in rural areas			
	Identification and prioritization of rural road maintenance based on soil erosion potential, slope steepness, and stream habitat resources			
	No impact to creek functions including migratory fish passage during construction of roads and culverts			
	Inspection of rural roads for structural integrity and prevention of impact on water quality			
	Maintenance of rural roads adjacent to streams and riparian habitat to reduce erosion, replace damaging shotgun culverts and excessive erosion			
	Re-grading of unpaved rural roads to slope outward where consistent with road engineering safety standards, and installation of water bars as appropriate			
	Inclusion of measures to reduce erosion, provide fish passage, and maintain natural stream geomorphology when replacing culverts or design of new culverts or bridge crossings			
Comments including listing increased maintenance in priority areas:				

[2] Rural means any watershed or portion thereof that is developed with large lot home-sites, such as one acre or larger, or with primarily agricultural, grazing or open space uses.

C.2.f. ►Corporation Yard BMP Implementation

Place an **X** in the boxes below that apply to your corporations yard(s):

	We do not have a corporation yard
X	Our corporation yard is a filed NOI facility and regulated by the California State Industrial Stormwater NPDES General Permit
X	We have a current **Stormwater Pollution Prevention Plan (SWPPP)** for the Corporation Yard(s)

Place an **X** in the boxes below next to implemented SWPPP BMPs to indicate that these BMPs were implemented in applicable instances. If not applicable, type **NA** in the box. If one or more of the BMPs were not adequately implemented during the reporting fiscal year then indicate so and explain in the comments section below:

X	Control of pollutant discharges to storm drains such as wash waters from cleaning vehicles and equipment
X	Routine inspection prior to the rainy seasons of corporation yard(s) to ensure non-stormwater discharges have not entered the storm drain system
X	Containment of all vehicle and equipment wash areas through plumbing to sanitary or another collection method
X	Use of dry cleanup methods when cleaning debris and spills from corporation yard(s) or collection of all wash water and disposing of wash water to sanitary or other location where it does not impact surface or groundwater when wet cleanup methods are used
X	Cover and/or berm outdoor storage areas containing waste pollutants

Comments:

If you have a corporation yard(s) that is not an NOI facility , complete the following table for inspection results for your corporation yard(s) or attach a summary including the following information:

Corporation Yard Name	**Inspection Date** (1x/year required)	**Inspection Findings/Results**	**Follow-up Actions**
n/a			

Section 3 - Provision C.3 Reporting New Development and Redevelopment

C.3.a. ►New Development and Redevelopment Performance Standard Implementation Summary Report

(For FY 10-11Annual Report only) Provide a brief summary of the methods of implementation of Provisions C.3.a.i.(1)-(8).

Summary:

- **(1) San Carlos' legal authority to implement the provisions of C.3 is codified in Chapters 13.08 Sewer Use and 13.14 Stormwater Management and Discharge Control of the City's the Municipal Code. From these sections the City enforces regulated discharges to prevent pollutants from entering local waterways. Furthermore, the City's Zoning Code is currently being revised to specifics for landscape requirements to help achieve these requirements.**

- **(2) The City's review and permitting processes are designed to critically review projects for their potential to create stormwater impacts. If a project creates an impact as defined by the Permit they must be mitigated. The City generally uses a combination of Best Management Practices (during construction and post-construction) and conditions of approval (or other enforceable mechanisms) to achieve mitigation.**

- **(3) CEQA review of projects subject to this law and requiring permanent post-construction measures are addressed through a variety of conditional requirements. Projects that create impervious surface, grading, or land disruption triggering the threshold of review are mitigated through a variety of construction and post-construction measures depending on site specific designs.**

- **(4) C.3 training for Planning Staff includes participation in most Countywide opportunities. Additionally, Planning Staff participated in a CEQA environmental thresholds training class.**

- **(5) Outreach an education is continually updated to all developers, contractors and construction site operators by the use of City generated handouts and programmatic materials provided by the Countywide program. Additionally, the City passed a Green Building Ordinance that encourages the recycling of materials and the reduction of water use in an effort to provide positive impacts to the City and the surrounding watersheds. This is achieved through the reduction of waste material generated by demolition and construction activities. It further reduces the amount of materials transported and reduces water use resulting in lower quantities of wastewater discharges.**

- **(6) Unregulated projects are subject to staff review and may still require BMPs to address stormwater impacts even if below the threshold**

for review. Examples include the encouragement of such measures as positive finding for approval of new homes in our Residential Design Review approval process.

- **(7) The City encourages source control measures at unregulated projects during Planning/Building Department review;**

- **(8) The General Plan was revised in October 2009 along with the adoption of the City's first Climate Action Plan. The General Plan contains an Environmental Management Element that addresses hydrology (preserving and enhancing riparian areas, restore creekbeds, establish native vegetation). The new General Plan defines various riparian habitats and maps them. Guiding principals were adopted to set key objectives articulate the City's core values relating to the environment.**

C.3.b. ►Green Streets Status Report

(All projects to be completed by December 1, 2014)

On an annual basis (if applicable), report on the status of any pilot green street projects within your jurisdiction. For each completed project, report the capital costs, operation and maintenance costs, legal and procedural arrangements in place to address operation and maintenance and its associated costs, and the sustainable landscape measures incorporated in the project including, if relevant, the score from the Bay-Friendly Landscape Scorecard.

Summary:

NA

C.3.b.v.(1) ►Regulated Projects Reporting Table

Fill in attached table **C.3.b.v.(1)** or attach your own table including the same information.

C.3.c. Low Impact Development Reporting

NA

C.3.h.iv. ► Installed Stormwater Treatment Systems Operation and Maintenance Verification Inspection Program Reporting

(1) Fill in attached table **C.3.h.iv.(1)** or attach your own table including the same information.

N/A

(2) On an annual basis, provide a discussion of the inspection findings for the year and any common problems encountered with various types of treatment systems and/or HM controls. This discussion should include a general comparison to the inspection findings from the previous year.

Summary:

NA

(3) On an annual basis, provide a discussion of the effectiveness of the O&M Program and any proposed changes to improve the O&M Program (e.g., changes in prioritization plan or frequency of O&M inspections, other changes to improve effectiveness program).

Summary:

Municipal staff plans to attend a 'training the trainers' workshop that the Countywide Program is planning in FY 2011/12, to prepare key municipal staff to update their municipal O&M programs and train other staff members on O&M verification requirements.

C.3.b.v.(1) ►Regulated Projects Reporting Table (part 1) – Projects Approved During the Fiscal Year Reporting Period

Project Name Project No.	Project Location[3], Street Address	Name of Developer	Project Phase No.[4]	Project Type & Description[5]	Project Watershed[6]	Total Site Area (Acres)	Total Area of Land Disturbed (Acres)	Total New Impervious Surface Area (ft^2)	Total Replaced Impervious Surface Area (ft^2)	Total Pre-Project Impervious Surface Area[7] (ft^2)	Total Post-Project Impervious Surface Area[8] (ft^2)
Private Projects											
G.W. Williams Business Park Expansion PLN2011-00019	285 Old County Rd. (Old County Rd. between Bragato and Taylor)	G.W. Williams (Project contact: Tom Door)	N/A	Redevelopment. Two new industrial concrete tilt-up buildings totaling 26,840 square feet.	Cordilleras Creek	1.45	1.45	59,838	63,206	63,206	59,838
In N Out Burger PLN2010-00038, PLN2010-00276	445 Industrial Rd. (Industrial Rd. at Holly St.)	In N Out Burger	N/A	New development. New 3,654 square foot fast-food restaurant with drive-thru.	Cordilleras Creek	0.98	0.98	34,489	33,541	N/A	N/A
665 Prospect St. Mirabel Place 7 home subdivision PLN2010-00002	665 Prospect	Civitaf Three	Entitled	7 home subdivision	Cordilleras Creek	.6	.4	9,348	9,348	Aprx. 5,000 sq. ft.	9,348
Public Projects											

[3] Include cross streets
[4] If a project is being constructed in phases, indicate the phase number and use a separate row entry for each phase. If not, enter "NA".
[5] Project Type is the type of development (i.e., new and/or redevelopment). Example descriptions of development are: 5-story office building, residential with 160 single-family homes with five 4-story buildings to contain 200 condominiums, 100 unit 2-story shopping mall, mixed use retail and residential development (apartments), industrial warehouse.
[6] State the watershed(s) in which the Regulated Project is located. Optional but recommended: Also state the downstream watershed(s).
[7] For redevelopment projects, state the pre-project impervious surface area.
[8] For redevelopment projects, state the post-project impervious surface area.

C.3.b.v.(1) ►Regulated Projects Reporting Table (part 1) – Projects Approved During the Fiscal Year Reporting Period

Project Name Project No.	Project Location[3], Street Address	Name of Developer	Project Phase No.[4]	Project Type & Description[5]	Project Watershed[6]	Total Site Area (Acres)	Total Area of Land Disturbed (Acres)	Total New Impervious Surface Area (ft^2)	Total Replaced Impervious Surface Area (ft^2)	Total Pre-Project Impervious Surface Area[7] (ft^2)	Total Post-Project Impervious Surface Area[8] (ft^2)
Comments:											

C.3.b.v.(1) ►Regulated Projects Reporting Table (part 2) – Projects Approved During the Fiscal Year Reporting Period

Project Name Project No.	Application Deemed Complete Date[9]	Application Final Approval Date[9]	Source Control Measures[10]	Site Design Measures[11]	Treatment Systems Approved[12]	Operation & Maintenance Responsibility Mechanism[13]	Hydraulic Sizing Criteria[14]	Alternative Compliance Measures[15/16]	Alternative Certification[17]	HM Controls[18/19]
Private Projects										
IN N Out Burger	05/10/10	08/16/10, 11/15/10 (grading and dirt haul only)	Properly designed trash storage areas draining to sanitary sewer, efficient landscape irrigation system	Landscaping provided in excess of minimum required and provided in compliance with State Model Water Efficient Landscape Ordinance	Filterra Bioretention units	O&M by San Carlos Public Works Department		N/A		Not in area subject to HM
G.W. Williams Business Park Expansion PLN2011-00019	02/24/11	03/21/11	Storm drain inlet marking, concrete washout area markings	Landscaping provided in compliance with State Model Water Efficient	Contech media filters	O&M by San Carlos Public Works Department		N/A		Not in area subject to HM

[9] For private projects, state project application deemed complete date and final discretionary approval date.
[10] List source control measures approved for the project. Examples include: properly designed trash storage areas; storm drain stenciling or signage; efficient landscape irrigation systems; etc.
[11] List site design measures approved for the project. Examples include: minimize impervious surfaces; conserve natural areas, including existing trees or other vegetation, and soils; construct sidewalks, walkways, and/or patios with permeable surfaces, etc.
[12] List all approved stormwater treatment system(s) to be installed onsite or at a joint stormwater treatment facility (e.g., flow through planter, bioretention facility, infiltration basin, etc.).
[13] List the legal mechanism(s) (e.g., O&M agreement with private landowner; O&M agreement with homeowners' association; O&M by public entity, etc…) that have been or will be used to assign responsibility for the maintenance of the post-construction stormwater treatment systems.
[14] See Provision C.3.d.i. "Numeric Sizing Criteria for Stormwater Treatment Systems" for list of hydraulic sizing design criteria. Enter the corresponding provision number of the appropriate criterion (i.e., 1.a., 1.b., 2.a., 2.b., 2.c., or 3).
[15] For Alternative Compliance at an offsite location in accordance with Provision C.3.e.i.(1), on a separate page, give a discussion of the alternative compliance site including the information specified in Provision C.3.b.v.(1)(m)(i) for the offsite project.
[16] For Alternative Compliance by paying in-lieu fees in accordance with Provision C.3.e.i.(2), on a separate page, provide the information specified in Provision C.3.b.v.(1)(m)(ii) for the Regional Project.
[17] Note whether a third party was used to certify the project design complies with Provision C.3.d.
[18] If HM control is not required, state why not.
[19] If HM control is required, state control method used (e.g., method to design and size device(s) or method(s) used to meet the HM Standard, and description of device(s) or method(s) used, such as detention basin(s), biodetention unit(s), regional detention basin, or in-stream control).

C.3.b.v.(1) ►Regulated Projects Reporting Table (part 2) – Projects Approved During the Fiscal Year Reporting Period

Project Name Project No.	Application Deemed Complete Date[9]	Application Final Approval Date[9]	Source Control Measures[10]	Site Design Measures[11]	Treatment Systems Approved[12]	Operation & Maintenance Responsibility Mechanism[13]	Hydraulic Sizing Criteria[14]	Alternative Compliance Measures[15/16]	Alternative Certification[17]	HM Controls[18/19]
				Landscape Ordinance						
665 Prospect Street Mirabel Place 7 Home Subdivision PLN2010-00002	9-8-2010	10-19-20110	NA	Pervious pavement with retention and underdrains	NA	O&M by HOA with oversight by Public Works		N/A		Not subject to HM
Comments:										

C.3.b.v.(1) ►Regulated Projects Reporting Table (part 2) – Projects Approved During the Fiscal Year Reporting Period

Project Name Project No.	Is Funding Committed?[20]	Date Construction Scheduled to Begin[20]	Source Control Measures[21]	Site Design Measures[22]	Treatment Systems Approved[23]	Operation & Maintenance Responsibility Mechanism[24]	Hydraulic Sizing Criteria[25]	Alternative Compliance Measures[26/27]	Alternative Certification[28]	HM Controls[29/30]
Public Projects										

Comments:

[20] For public projects, enter "Yes" or "No" under "Is Funding Committed?" and enter a date under "Date Construction Scheduled to Begin".
[21] List source control measures approved for the project. Examples include: properly designed trash storage areas; storm drain stenciling or signage; efficient landscape irrigation systems; etc.
[22] List site design measures approved for the project. Examples include: minimize impervious surfaces; conserve natural areas, including existing trees or other vegetation, and soils; construct sidewalks, walkways, and/or patios with permeable surfaces, etc.
[23] List all approved stormwater treatment system(s) to be installed onsite or at a joint stormwater treatment facility (e.g., flow through planter, bioretention facility, infiltration basin, etc.).
[24] List the legal mechanism(s) (e.g., O&M agreement with private landowner; O&M agreement with homeowners' association; O&M by public entity, etc…) that have been or will be used to assign responsibility for the maintenance of the post-construction stormwater treatment systems.
[25] See Provision C.3.d.i. "Numeric Sizing Criteria for Stormwater Treatment Systems" for list of hydraulic sizing design criteria. Enter the corresponding provision number of the appropriate criterion (i.e., 1.a., 1.b., 2.a., 2.b., 2.c., or 3).
[26] For Alternative Compliance at an offsite location in accordance with Provision C.3.e.i.(1), on a separate page, give a discussion of the alternative compliance site including the information specified in Provision C.3.b.v.(1)(m)(i) for the offsite project.
[27] For Alternative Compliance by paying in-lieu fees in accordance with Provision C.3.e.i.(2), on a separate page, provide the information specified in Provision C.3.b.v.(1)(m)(ii) for the Regional Project.
[28] Note whether a third party was used to certify the project design complies with Provision C.3.d.
[29] If HM control is not required, state why not.
[30] If HM control is required, state control method used (e.g., method to design and size device(s) or method(s) used to meet the HM Standard, and description of device(s) or method(s) used, such as detention basin(s), biodetention unit(s), regional detention basin, or in-stream control).

C.3.h.iv. ►Installed Stormwater Treatment Systems Operation and Maintenance Verification Inspection Program Reporting

Fill in table below or attach your own table including the same information.

Name of Facility/Site Inspected	Address of Facility/Site Inspected	Newly Installed? (YES/NO)[31]	Party Responsible[32] For Maintenance	Date of Inspection	Type of Inspection[33]	Type of Treatment/HM Control(s) Inspected[34]	Inspection Findings or Results[35]	Enforcement Action Taken[36]	Comments

[31] Indicate "YES" if the facility was installed within the reporting period, or "NO" if installed during a previous fiscal year.
[32] State the responsible operator for installed stormwater treatment systems and HM controls.
[33] State the type of inspection (e.g., 45-day, routine or scheduled, follow-up, etc.).
[34] State the type(s) of treatment systems inspected (e.g., bioretention facility, flow-through planter, infiltration basin, etc…) and the type(s) of HM controls inspected, and indicate whether the treatment system is an onsite, joint, or offsite system.
[35] State the inspection findings or results (e.g., proper installation, improper installation, proper O&M, immediate maintenance needed, etc.).
[36] State the enforcement action(s) taken, if any, as appropriate and consistent with your municipality's Enforcement Response Plan.

Section 4 – Provision C.4 Industrial and Commercial Site Controls

Program Highlights

Provide background information, highlights, trends, etc.

San Carlos contracts with San Mateo County Environmental Health to perform stormwater quality inspection concurrent with food and hazardous material inspections. Also, the City has developed a commercial inspection plan plans, and participated in a countywide committee or work group.

C.4.b.i. ► Business Inspection Plan

Do you have a Business Inspection Plan?	X	**Yes**		**No**

If No, explain:

C.4.b.iii.(1) ► Potential Facilities List

List below or attach your list of industrial and commercial facilities in your Inspection Plan to inspect that could reasonably be considered to cause or contribute to pollution of stormwater runoff.

See Attached.

C.4.b.iii.(2) ►Facilities Scheduled for Inspection

List below or attach your list of facilities scheduled for inspection during the current fiscal year.

See Attached.

C.4.c.iii.(1) ►Facility Inspections

Fill out the following table or attach a summary of the following information. Indicate your violation reporting methodology below.

	Permittee reports multiple discrete violations on a site as one violation.
X	Permittee reports the total number of discrete violations on each site.

	Number	Percent
Number of businesses inspected	111	
Total number of inspections conducted	198	
Number of violations (excluding verbal warnings)	1	
Sites inspected in violation	0	
Violations resolved within 10 working days or otherwise deemed resolved in a longer but still timely manner	1	

Comments:

C.4.c.iii.(2) ►Frequency and Types/Categories of Violations Observed

Fill out the following table or attach a summary of the following information.

Type/Category of Violations Observed	Number of Violations
Actual discharge (e.g. active non-stormwater discharge or clear evidence of a recent discharge)	0
Potential discharge and other	0

Comments:

C.4.c.iii.(2) ►Frequency and Type of Enforcement Conducted

Fill out the following table or attach a summary of the following information.

	Enforcement Action (as listed in ERP)[37]	Number of Enforcement Actions Taken	% of Enforcement Actions Taken[38]
Level 1		0	NA
Level 2		0	NA
Level 3		0	NA
Level 4		0	NA
Total		0	NA

C.4.c.iii.(3) ►Types of Violations Noted by Business Category

Fill out the following table or attach a summary of the following information.

Business Category[39]	Number of Actual Discharge Violations	Number of Potential/Other Discharge Violations
Food	0	0
Hazmat	0	1

C.4.c.iii.(4) ►Non-Filers

List below or attach a list of the facilities required to have coverage under the Industrial General Permit but have not filed for coverage:

None

[37] Agencies to list specific enforcement actions as defined in their ERPs.
[38] Percentage calculated as number of each type of enforcement action divided by the total number of enforcement actions.
[39] List your Program's standard business categories.

C.4.d.iii ►Staff Training Summary

Training Name	Training Dates	Topics Covered	No. of Inspectors in Attendance	Percent of Inspectors in Attendance
Certified Stormwater Inspector	5/26/2010	Stormwater inspection	2	100%
Stormwater Training for Construction Site Control	4/26 to 4/28, 2011	Stormwater training for construction site control	2	100%

Section 5 – Provision C.5 Illicit Discharge Detection and Elimination

Program Highlights

Provide background information, highlights, trends, etc.

Updated GIS with a connected network of stormdrains and surface flow arrows. Added watershed layer to GIS. Maps are publicly available from the Public Works counter. And conducted a trash capture pilot project. Also, the maintenance division completed the annual collection system screening program.

C.5.c.iii ►Complaint and Spill Response Phone Number and Spill Contact List

List below or attach your complaint and spill response phone number and spill contact list.

Contact	Description	Phone Number
Paul Baker	Public Works Superintendent	(650) 802-4140
Ray Chan, P.E.	Acting City Engineer	(650)802-4204

C.5.d.iii ►Evaluation of Mobile Business Program

Describe implementation of minimum standards and BMPs for mobile businesses and your enforcement strategy. This may include participation in the BASMAA Mobile Surface Cleaners regional program or local activities.

Description:

San Carlos currently addresses mobile business in response to complaints or reports of illicit discharges. San Mateo County Environmental Health has initiated outreach to mobile food facilities. San Carlos ensures that all mobile surface cleaners hired by the City are BASMAA-certified.

C.5.e.iii ►Evaluation of Collection System Screening Program

Provide a summary or attach a summary of your collection screening program, a summary of problems found during collection system screening and any changes to the screening program this FY.

Description:

The maintenance division completed the annual collection system screening program at six strategic collection system locations within the city. No illicit discharges or illegal dumping was found during these inspections. Collection system screening will continue annually.

C.5.f.iii.(1), (2), (3) ►Spill and Discharge Complaint Tracking

Spill and Discharge Complaint Tracking (fill out the following table or include an attachment of the following information)

	Number	Percentage
Discharges reported (C.5.f.iii.(1))	0	
Discharges reaching storm drains and/or receiving waters (C.5.f.iii.(2))	0	
Discharges resolved in a timely manner (C.5.f.iii.(3))	NA	

Comments:

C.5.f.iii.(4) ►Summary of major types of discharges and complaints

Provide a narrative or attach a table and/or graph.

NA

Section 6 – Provision C.6 Construction Site Controls

C.6.e.iii.1.a, b, c ►Site/Inspection Totals

Number of sites disturbing < 1 acre of soil requiring storm water runoff quality inspection (i.e. High Priority) (C.6.e.iii.1.a)	Number of sites disturbing ≥ 1 acre of soil (C.6.e.iii.1.b)	Total number of storm water runoff quality inspections conducted (C.6.e.iii.1.c)
#	#	#
19	**1**	**20**
Comments:		

C.6.e.iii.1.d ►Construction Activities Storm Water Violations

BMP Category	Number of Violations[40]	% of Total Violations[41]
Erosion Control	0	0
Run-on and Run-off Control	3	23
Sediment Control	5	38
Active Treatment Systems	1	8
Good Site Management	4	31
Non Stormwater Management	0	0
Total	**13**	**100%**

[40] Count one violation in a category for each site and inspection regardless of how many violations/problems occurred in the BMP category.
[41] Percentage calculated as number of violations in each category divided by total number of violations in all six categories.

C.6.e.iii.1.e ►Construction Related Storm Water Enforcement Actions

	Enforcement Action (as listed in ERP)[42]	Number Enforcement Actions Taken	% Enforcement Actions Taken[43]
Level 1	Verbal warning	12	100
Level 2			
Level 3			
Level 4			
Total			**100%**

C.6.e.iii.1.f, g ►Illicit Discharges

	Number
Number of illicit discharges, actual and those inferred through evidence (C.6.e.iii.1.f)	7
Number of sites with discharges, actual and those inferred through evidence (C.6.e.iii.1.g)	0

C.6.e.iii.1.h, i ►Violation Correction Times

	Number	Percent
Violations fully corrected within 10 business days after violations are discovered or otherwise considered corrected in a timely period (C.6.e.iii.1.h)	20	100%[44]
Violations not fully corrected within 30 days after violations are discovered (C.6.e.iii.1.i)	0	0%[45]
Total number of violations for the reporting year[46]		100%
Comments:		

[42] Agencies should list the specific enforcement actions as defined in their ERPs.
[43] Percentage calculated as number of each type of enforcement action divided by the total number of enforcement actions.
[44] Calculated as number of violations fully corrected in a timely period after the violations are discovered divided by the total number of violations for the reporting year.
[45] Calculated as number of violations not fully corrected within 30 days after the violations are discovered divided by the total number of violations for the reporting year.
[46] Total number of violations equals the number of initial enforcement actions (i.e. one violation issued for several problems during an inspection at a site). It does not equal the total number of enforcement actions because one violation issued at a site may have a second enforcement action for the same violation at the next inspection if it is not corrected.

C.6.e.iii.(2) ►Evaluation of Inspection Data

Describe your evaluation of the tracking data and data summaries and provide information on the evaluation results (e.g., data trends, typical BMP performance issues, comparisons to previous years, etc.).

Description:
The City evaluate inspection data by comparing to previous year.

C.6.e.iii.(2) ►Evaluation of Inspection Program Effectiveness

Describe what appear to be your program's strengths and weaknesses, and identify needed improvements, including education and outreach.

Description:
The City evaluates the inspection program effectiveness by updating operating procedures and provided training to inspectors and participating in the countywide program's committees/work groups.

C.6.f ►Staff Training Summary

Training Name	Training Dates	Topics Covered	No. of Inspectors in Attendance	Percent of Inspectors in Attendance
Certified Stormwater Inspector	5/26/2010	Stormwater inspection	2	100%
Stormwater Training for Construction Site Control	4/26 to 4/28, 2011	Stormwater training for construction site control	2	100%

Section 7 – Provision C.7. Public Information and Outreach

C.7.b.ii.1 ►Advertising Campaign

Summarize advertising efforts. Include details such as messages, creative developed, and outreach media used. The detailed advertising report may be included as an attachment. If advertising is being done by participation in a countywide or regional program, refer to the separate countywide or regional Annual Report.

Summary:

The following report developed by BASMAA is included within the C.7 Public Information and Outreach section of Program's FY 10-11 Annual Report:

- **FY 10-11 Regional Outreach Strategic Plan.**

C.7.b.iii.1 ►Pre-Campaign Survey

(For the Annual Report following the precampaign survey) Summarize survey information such as sample size, type of survey (telephone survey, interviews etc.). Attach a survey report that includes the following information. If survey was done regionally, refer to a regional submittal that contains the following information:

- Summary of how the survey was implemented.
- Analysis of the survey results.
- Discussion of the outreach strategies based on the survey results.
- Discussion of planned or future advertising campaigns to influence awareness and behavior changes regarding trash/litter and pesticides.

Place an **X** in the appropriate box below:

	Survey report attached
X	Reference to regional submittal: **Not required for this Annual Report.**

C.7.c ►Media Relations

Summarize the media relations effort. Include the following details for each media pitch in the space below, AND/OR refer to a regional report that includes these details:

- Topic and content of pitch
- Medium (TV, radio, print, online)
- Date of publication/broadcast

Summary:

The following reports developed by SMCWPPP and BASMAA are included within the C.7 Public Information and Outreach section of Program's FY 10-11 Annual Report:

- **FY 10-11 SCMWPPP Media Relations Report**
- **FY 10-11 BASMAA Regional Media Relations.**

C.7.d ►Stormwater Point of Contact

Summary of any changes made during FY 10-11:

The Countywide Program's point of contact has not changed. The City's website address has not changed. Ray Chan, Senior Engineer, is the City's new stormwater point of contact: (650) 802-4201.

C.7.e ►Public Outreach Events

Describe general approach to event selection. Provide a list of outreach materials and giveaways distributed.
Use the following table for reporting and evaluating public outreach events

Event Details	**Description** (messages, audience)	Evaluation of Effectiveness
Provide event name, date, and location. Indicate if event is local, countywide or regional. **The following outreach events were done on a Countywide level by SMCWPPP and are included in the C.7 Public Information and Outreach section of FY 10-11 Annual Report:** • **FY 10-11 Coordination of California Coastal Cleanup Day in San Mateo County, September 25, 2010 (City of San Carlos promotes as Creek Cleanup Day as we do not have any coastline)**	Identify type of event (e.g., school fair, farmers market etc.), type of audience (school children, gardeners, homeowners etc.) and outreach messages (e.g., Enviroscape presentation, pesticides, stormwater awareness) **Creek clean-up**	Provide general staff feedback on the event (e.g., success at reaching a broad spectrum of the community, well attended, good opportunity to talk to gardeners etc.). Provide other details such as: • Estimated overall attendance at the event. • Number of people that visited the booth, comparison with previous years • Number of brochures and giveaways distributed • Results of any spot surveys conducted **See description under C.7.g.**
• **FY 10-11 Maker Faire at the County Expo Center, May 21-22, 2011**	**Maker Faire – how to make household non-toxic cleansers.**	**See attached debrief.**
• **FY 10-11 County Fair, June 11-19, 2011**	**County fair.**	**Uncertain. Unstaffed table with materials.**

C.7.f. ►Watershed Stewardship Collaborative Efforts

Summarize watershed stewardship collaborative efforts and/or refer to a regional report that provides details. Describe the level of effort and support given (e.g., funding only, active participation etc.). State efforts undertaken and the results of these efforts. If this activity is done regionally refer to a regional report.

Evaluate effectiveness by describing the following:

- Efforts undertaken
- Major accomplishments

Summary:

During FY 10-11, SMCWPPP maintained and updated the online guide, Environmental Resource Guide of Groups and Organizations in San Mateo County with Watershed Stewardship Efforts, to encourage public involvement in watershed volunteer efforts. In addition, all of the organization's events throughout the year were posted on the Program's popular "Community Events" page to publicize and encourage participation by County residents in local stewardship efforts.

C.7.g. ►Citizen Involvement Events

List the types of events conducted (e.g., creek clean up, storm drain inlet marking, native gardening etc.). Use the following table for reporting and evaluating citizen involvement events.

Event Details	Description	Evaluation of effectiveness
Provide event name, date, and location. Indicate if event is local, countywide or regional **The following report developed by SMCWPPP on the countywide citizen involvement event is included within the C.7 Public Information and Outreach section of Program's FY 10-11 Annual Report:** • **FY 10-11 Coordination of California Coastal Cleanup Day in San Mateo County, September 25, 2010 (City of San Carlos promotes as Creek Cleanup Day as we do not have any coastline).**	Describe activity (e.g., creek clean-up, storm drain marking etc.) **Creek clean-up**	Provide general staff feedback on the event. Provide other evaluation details such as: • Number of participants. Any change in participation from previous years. • Distance of creek or water body cleaned • Quantity of trash/recyclables collected (weight or volume). • Number of inlets marked. • Data trends **Only 2.5 cubic yards of waste collected from 10 different sites, compared to 10 cubic yards in 2008 and 18.5 cubic yards in 2009.**

C.7.h. ►School-Age Children Outreach

Summarize school-age children outreach programs implemented. A detailed report may be included as an attachment.
Use the following table for reporting school-age children outreach efforts.

Program Details	Focus & Short Description	Number of Students/Teachers reached	Evaluation of Effectiveness
Provide the following information: Name Grade or level (elementary/ middle/ high) **The following separate reports developed by SMCWPPP are included within the C.7 Public Information and Outreach section of the Program's FY 10-11 Annual Report:** • **FY 10-11 Banana Slug String Band Elementary School Assembly Program (Central Middle School, October 8 ,2010)** • **FY 10-11 Rock Steady Science High School In Class Presentations (as San Carlos has no high schools, there are two local high schools into which our students feed. One of those is Carlmont High School in Belmont. The presentations occurred on May 26, 2011).**	Brief description, messages, methods of outreach used **See Program's report.**	Provide number or participants • **200 (Central Middle)** • **93 (Carlmont)**	Provide agency staff feedback. Report any other evaluation methods used (quiz, teacher feedback etc.). Attach evaluation summary if applicable. **See Program's report.**

Section 8 - Provision C.8 Water Quality Monitoring

C.8 ►Water Quality Monitoring
State below if information is reported in a separate regional report. Municipalities can also describe below any Water Quality Monitoring activities in which they participate directly, e.g. participation in RMP workgroups, fieldwork within their jurisdictions, etc.
Summary "During FY 10-11, we contributed through the countywide Program to the BASMAA Regional Monitoring Coalition (RMC). In addition, we contributed financially to the Regional Monitoring Program for Water Quality in the San Francisco Estuary (RMP) and were represented at RMP committees and work groups. For additional information on monitoring activities conducted by the Program, BASMAA RMC and the RMP, see the C.8 Water Quality Monitoring section of the Program's FY 10-11 Annual Report."

Section 9 – Provision C.9 Pesticides Toxicity Controls

C.9.a ►Adopt an Integrated Pest Management (IPM) Policy or Ordinance

Attach a copy of your individual IPM ordinance or policy. *(Water Board staff requested resubmittal for FY 10-11.)*	X	**Attached**		**Not attached**, explain below
If **Not attached**, explain:				
Describe mechanism for adopting/formalizing your agency's IPM ordinance or policy (e.g., department head approval, integration into SOPs, staff training**: We have an adopted IPM policy, however we plan to adopt the Countywide Program's Model Policy by City Council action in the next few months.**				

C.9.b ►Implement IPM Policy or Ordinance

Report implementation of IPM BMPs by showing trends in quantities and types of pesticides used, and suggest reasons for increases in use of pesticides that threaten water quality, specifically organophosphates, pyrethroids, carbaryl, and fipronil. A separate report can be attached as evidence of your implementation.

Trends in Quantities and Types of Pesticides Used[47]

Pesticide Category and Specific Pesticide Used	**Amount**[48]				
	FY 09-10	**FY 10-11**	**FY 11-12**	**FY 12-13**	**FY 13-14**
Organophosphates					
Product or Pesticide Type A	None used	None used			
Product or Pesticide Type B	None used	None used			
Pyrethroids					
Product or Pesticide Type X	None used	None used			
Product or Pesticide Type Y	None used	None used			
Carbaryl	None used	None used			

[47] Includes all municipal structural and landscape pesticide usage by employees and contractors.
[48] Weight or volume of the product or preferably its active ingredient, using same units for the product each year.

Fipronil	None used	None used			

C.9.c ►Train Municipal Employees

Enter the number of employees that applied or used pesticides (including herbicides) within the scope of their duties this reporting year.	1
Enter the number of these employees who received training on your IPM policy and IPM standard operating procedures within the last 3 years.	1
Enter the percentage of municipal employees who apply pesticides who have received training in the IPM policy and IPM standard operating procedures within the last three years.	100

C.9.d ►Require Contractors to Implement IPM

Did your municipality contract with any pesticide service provider in the reporting year?	X	**Yes**		**No**

If yes, attach one of the following:

x	Contract specifications that require adherence to your IPM policy and standard operating procedures, OR
	Copy(ies) of the contractors' IPM certification(s) or equivalent, OR
	Equivalent documentation.

If **Not attached**, explain:

C.9.e ►Track and Participate in Relevant Regulatory Processes

Summarize participation efforts, information submitted, and how regulatory actions were affected **OR** reference a regional report that summarizes regional participation efforts, information submitted, and how regulatory actions were affected.

Summary:

During FY 10-11, we participated in regulatory processes related to pesticides through contributions to the countywide Program, BASMAA and CASQA. For additional information, see the Regional Pollutants of Concern Report submitted by BASMAA on behalf of all MRP Permittees.

C.9.f ►Interface with County Agricultural Commissioners

Did your municipal staff observe any improper pesticide usage or evidence of improper usage (e.g., pesticides in storm drain systems, along street curbs, or in receiving waters) during this fiscal year?		**Yes**	X	**No**

If yes, provide a summary of improper pesticide usage reported to the County Agricultural Commissioner and follow-up actions taken to correct any violations. A separate report can be attached as your summary. **We have nothing to report.**

C.9.h.ii ►Public Outreach: Point of Purchase

Provide a summary of public outreach at point of purchase, and any measurable awareness and behavior changes resulting from outreach (here or in a separate report); **OR** reference a report of a regional effort for public outreach in which your agency participates.

Summary:

The following reports developed by SMCWPPP and BASMAA summarize point of purchase outreach efforts. These reports are included within the C.9 Pesticides Toxicity Control section of Program's FY 10-11 Annual Report:

- **FY 10-11 IPM Store Partnership Program (SMCWPPP)**
- **FY 10-11 "Our Water, Our World" Report (BASMAA)**

C.9.h.vi ►Public Outreach: Pest Control Operators

Provide a summary of public outreach to pest control operators and landscapers and reduced pesticide use (here or in a separate report); **OR** reference a report of a regional effort for outreach to pest control operators and landscapers in which your agency participates.

Summary:

The following separate reports developed by SMCWPPP summarize Pest Control Operator outreach efforts conducted during FY 10-11:

- **FY 10-11 Green Gardener Training Program Report**

Section 10 - Provision C.10 Trash Load Reduction

C.10.a.i ►Short-Term Trash Loading Reduction Plan

(For FY 10-11 Annual Report only) Provide description of actions/tasks initiated/conducted/completed in developing a Short-Term Trash Loading Reduction Plan (due February 1, 2012).

Description*:*

See the C.10 Trash Load Reduction section of Program's FY 10-11 Annual Report for information on countywide and regional activities conducted on behalf of co-permittees.

C.10.a.ii ►Baseline Trash Load and Trash Load Reduction Tracking Method

(For FY 10-11 Annual Report only) Provide description of actions/tasks initiated/conducted/completed to gather trash loading data and in developing a Baseline Trash Load and Trash Load Reduction Tracking Method (due February 1, 2012).

Description*:*

See the C.10 Trash Load Reduction section of Program's FY 10-11 Annual Report for information on countywide and regional activities conducted on behalf of co-permittees.

C.10.a.iii ►Minimum Full Trash Capture

(For FY 10-11 Annual Report and Each Annual Report Thereafter) Provide description of actions/tasks initiated/conducted/completed in implementing Minimum Full Trash Capture Devices (due July 1, 2014) within individual jurisdictions. Include information on Full Trash Capture Devices installed under Bay-area Wide Trash Capture Demonstration Project administered by San Francisco Estuary Partnership.

Description*:*

See the C.10 Trash Load Reduction section of Program's FY 10-11 Annual Report for information on countywide and regional activities conducted on behalf of co-permittees.

Signed contract to participate in grant with ABAG SFEP, selected the retail/commercial area and sites for trash capture devices. Selected West Coast Storm as the vendor and are currently measuring the locations for device installation. Device installation planned for end of fall of 2011.

C.10.b.iii ►Trash Hot Spot Assessment

(For FY 10-11 Annual Report and Each Annual Report Thereafter) Provide volume of material removed from each Trash Hot Spot cleanup, and the dominant types of trash (e.g., glass, plastics, paper) removed and their sources to the extent possible.

Fill out the following table or attach a summary of the following information. **Completed annual trash hot spot cleanup and assessment.**

Trash Hot Spot	Cleanup Date	Volume of Material Removed	Dominant Type of Trash	Trash Sources (where possible)
Pulgas 1	6/28/11	.05 Cu. Yd. or 10 Gal.	1. Plastic bags, 2. Food containers	Upstream

C.10.d ►Summary of Trash Load Reduction Actions

Provide summary of new trash load reduction actions or increased levels of implementation of existing actions that were implemented after adoption of the MRP (control measures and best management practices) including the types of actions and levels of implementation, and the total trash loads and dominant types of trash removed from each type of action.

Suggested trash load reduction actions to track and report may include:

- Anti-litter Campaigns
- Anti-litter/Dumping Enforcement Activities
- Curbside Recycling Programs
- Education and Outreach Efforts
- Free Trash Pickup/Dropoff Days
- County HHW Program Activities
- Improved Trash Bin Management
- Inspection/Maintenance of Storm Drain Outfalls
- Litter Pickup and Control
- Removal of Homeless Encampments
- Solid Waste Recycling Efforts
- Source Controls/Bans/Prohibitions
- Storm Drain Operation and Maintenance
- Storm Drain Signage/Marking
- Street Sweeping Activities
- Trash Removal from Receptacles
- Volunteer Creek Cleanups

Type of Trash Load Reduction Action	Date of First Implementation	Level of Implementation (specify if level was increased after MRP adoption)	Total Trash Load Removed by Action	Dominant Types of Trash Removed by Action
Stepped up enforcement for low branches, to assist with more efficient street sweeping	10/1/10	Increased	Once the Trash Load Reduction Tracking Method is developed (see Provision C.10.a.ii), trash loads removed will be documented for each load reduction action. See the Program's FY10-11 Annual Report for schedule.	Litter
Installed 397 additional "No Dumping Flows to Bay" storm drain markers	12/30/10	Increased	Once the Trash Load Reduction Tracking Method is developed (see Provision C.10.a.ii), trash loads removed will be documented for	Litter

			each load reduction action. See the Program's FY10-11 Annual Report for schedule.	
Added 11 recycling containers to downtown area.	4/22/11	Increased	Once the Trash Load Reduction Tracking Method is developed (see Provision C.10.a.ii), trash loads removed will be documented for each load reduction action. See the Program's FY10-11 Annual Report for schedule.	Litter

Section 11 - Provision C.11 Mercury Controls

C.11.a.i ►Mercury Recycling Efforts

List below or attach lists of efforts to promote, facilitate, and/or participate in collection and recycling of mercury containing devices and equipment at the consumer level (e.g., thermometers, thermostats, switches, bulbs).

"Refer to FY 10-11 Program Annual Report for a list of mercury collection and recycling efforts conducted countywide and regionally."

In addition, San Carlos collects compact fluorescent bulbs via the Planning Department for recycling.

C.11.a.ii ►Mercury Collection

Provide an estimate of the mass of mercury collected through these efforts, or provide a reference to a report containing this estimate.

Amount collected:

"Not all mercury and PCB load reduction actions were tracked using "loads removed" methods this fiscal year. In the Program's FY 09-10 Annual Report and/or the BASMAA Regional POC Report, an initial Mercury and PCB Load Reduction Tracking Method was presented (see Provision C.11.g). Based on Water Board staff comments, a revised method will be presented in the Program's FY 10-11 Annual Report and/or the BASMAA Regional POC Report. Based on this methodology, loads removed via the collection/recycling of mercury-containing products will be documented beginning in FY 11-12.."

C.11.b ►Monitor Methylmercury
C.11.c ►Pilot Projects to Investigate and Abate Mercury Sources in Drainages
C.11.d ►Pilot Projects to Evaluate and Enhance Municipal Sediment Removal and Management Practices
C.11.e ►Conduct Pilot Projects to Evaluate On-Site Stormwater Treatment via Retrofit
C.11.f ►Diversion of Dry Weather and First Flush Flows to POTWs
C.11.g ►Monitor Stormwater Mercury Pollutant Loads and Loads Reduced
C.11.h ►Fate and Transport Study of Mercury In Urban Runoff
C.11.i ►Development of a Risk Reduction Program Implemented Throughout the Region
C.11.j ►Develop Allocation Sharing Scheme with Caltrans

State below if information is reported in a separate regional report. Municipalities that participate directly in regional activities to can provide descriptions below.

Summary

"A summary of countywide Program and regional accomplishments for these sub-provisions are included within the C.11 Mercury Controls section of Program's FY 10-11 Annual Report and/or the BASMAA Regional POC Report."

Section 12 - Provision C.12 PCBs Controls

C.12.a.i,iii ►Municipal Inspectors Training

(For FY 09-10 Annual Report only) List below or attach description of results of training municipal industrial inspectors to identify, in the course of their existing inspections, PCBs or PCB-containing equipment.

Description:

"In FY 09-10, inspector training materials were developed by BASMAA and provided in the FY 09-10 BASMAA Regional POC Report. A description of efforts to train municipal industrial inspectors was provided in FY 09-10 permittee and/or Program Annual Reports."

C.12.a.ii,iii ►Ongoing Training

(For FY 10-11 Annual Report and Each Annual Report Thereafter) List below or attach description of ongoing training development and inspections for PCB identification, including documentation and referral to appropriate regulatory agencies (e.g. county health departments, Department of Toxic Substances Control, California Department of Public Health, and the Water Board) as necessary.

Description:

"See the FY 10-11 Program Annual Report for a description of training provided countywide and/or regionally, and report on any local training efforts, if applicable."

C.12.b ►Conduct Pilot Projects to Evaluate Managing PCB-Containing Materials and Wastes during Building Demolition and Renovation Activities
C.12.c ►Pilot Projects to Investigate and Abate On-land Locations with Elevated PCB Concentrations
C.12.d ►Conduct Pilot Projects to Evaluate and Enhance Municipal Sediment Removal and Management Practices
C.12.e ►Conduct Pilot Projects to Evaluate On-Site Stormwater Treatment via Retrofit
C.12.f ►Diversion of Dry Weather and First Flush Flows to POTWs
C.12.g ►Monitor Stormwater PCB Pollutant Loads and Loads Reduced
C.12.h ►Fate and Transport Study of PCBs In Urban Runoff
C.12.i ►Development of a Risk Reduction Program Implemented Throughout the Region

State below if information is reported in a separate regional report. Municipalities that participate directly in regional activities to can provide descriptions below.

Summary

"A summary of countywide Program and regional accomplishments for these sub-provisions are included within the C.12 PCB Controls section of Program's FY 10-11 Annual Report and/or the BASMAA Regional POC Report."

Section 13 - Provision C.13 Copper Controls

C.13.a.i and iii ► Legal Authority: Architectural Copper

(For FY 10-11 Annual Report only) Do you have adequate legal authority to prohibit discharge of wastewater to storm drains generated from the installation, cleaning, treating, and washing of the surface of copper architectural features, including copper roofs to storm drains?	X	**Yes**		**No**
If **No**, explain and provide schedule for obtaining authority within 1 year:				

C.13.b.i and iii ► Legal Authority: Pools, Spas, and Fountains

(For FY10-11 Annual Report only) Do you have adequate legal authority to prohibit discharges to storm drains from pools, spas, and fountains that contain copper-based chemicals?	X	**Yes**		**No**
If **No**, explain and provide schedule for obtaining authority within 1 year:				

C.13.c ►Vehicle Brake Pads

Reported in a separate regional report.

"A summary of the countywide Program's participation with the Brake Pad Partnership (BPP) is included within the C.13 Copper Controls section of Program's FY 10-11 Annual Report and/or the BASMAA Regional POC Report."

C.13.d.iii ►Industrial Sources Copper Reduction Results

Based upon inspection activites conducted under Provision C.4, highlight copper reduction results achieved among the facilities identified as potential users or sources of copper, facilities inspected, and BMPs addressed.

Summary

None found

C.13.e ►Studies to Reduce Copper Pollutant Impact Uncertainties

Report on progress of studies being conducted countywide or regionally to reduce copper pollutant impact uncertainties. State below if information is reported in a separate regional report.
Summary **"A summary of the countywide Program and/or regional efforts to develop regional studies to reduce copper pollutant impact uncertainties is included within the C.13 Copper Controls section of Program's FY 10-11 Annual Report and/or BASMAA Regional POC Report."**

Section 14 - Provision C.14 PBDE, Legacy Pesticides and Selenium Controls

C.14.a ►Control Programs for PBDEs, Legacy Pesticides and Selenium Controls
Report on progress of studies being conducted countywide or regionally to characterize the distribution and pathways of PBDEs, legacy pesticides, and selenium. State below if information is reported in a separate regional report.
Summary **"A summary of the countywide Program and regional efforts related to the Control Program for PBDEs, Legacy Pesticides and Selenium is included within the C.14 PBDE, Legacy Pesticides and Selenium section of Program's FY 10-11 Annual Report and/or BASMAA Regional POC Report."**

Section 15 - Provision C.15 Exempted and Conditionally Exempted Discharges

C.15.b.iii.(1), C.15.b.iii.(2) ► Planned and Unplanned Discharges of Potable Water

Is your agency a water purveyor?		**Yes**		**No**
If **No**, skip to C.15.b.vi.(2):				
If **Yes**, Complete the attached reporting tables or attach your own table with the same information. Provide any clarifying comments below.				
Comments:				

C.15.b.vi.(2) ► Irrigation Water, Landscape Irrigation, and Lawn or Garden Watering

Provide implementation summaries of the required BMPs to promote measures that minimize runoff and pollutant loading from excess irrigation. Generally the categories are:

- Promote conservation programs
- Promote outreach for less toxic pest control and landscape management
- Promote use of drought tolerant and native vegetation
- Promote outreach messages to encourage appropriate watering/irrigation practices
- Implement Illicit Discharge Enforcement Response Plan for ongoing, large volume landscape irrigation runoff.

Summary:

The City participates in relevant countywide Program outreach efforts, and promotes local implementation of required BMPs.

C.15.b.iii.(1) ►Planned Discharges of the Potable Water System

Site/ Location	Discharge Type	Receiving Waterbody(ies)	Date of Discharge	Duration of Discharge (military time)	Estimated Volume (gallons)	Estimated Flow Rate (gallons/day)	Chlorine Residual (mg/L)	pH (standard units)	Discharge Turbidity[49] (NTU)	Implemented BMPs & Corrective Actions

[49] Monitor the receiving water for turbidity if necessary and feasible. Include data in this column if available.

C.15.b.iii.(2) ►Unplanned Discharges of the Potable Water System[50]

Site/ Location	Discharge Type	Receiving Waterbody(ies)	Date of Discharge	Discharge Duration (military time)	Estimated Volume (gallons)	Estimated Flow Rate (gallons/day)	Chlorine Residual (mg/L)[51]	pH (standard units)[52]	Discharge Turbidity (Visual)[52],	Implemented BMPs & Corrective Actions

[50] This table contains all of the unplanned discharges that occurred in this FY.
[51] Monitoring data is only required for 10% of the unplanned discharges. If you monitored more than 10% of your unplanned discharges, report all of the data collected.
[52]. Notification to Water Board staff is required for unplanned discharges where the chlorine residual is >0.05 mg/L and total volume is ≥ 50,000 gallons. Notification to State Office of Emergency Services is required after becoming aware of aquatic impacts as a result of unplanned discharge or when the discharge might endanger or compromise public health and safety.

STAFF	INPSECTION TYPE	INSPECTION DATE	FACILITY NAME		ADDRESS	
TERRELL-HONDL	1	7/2/2010	ISIS II	1031	BING	SAN CARLOS
TERRELL-HONDL	1	7/2/2010	VERINATA HEALTH	1531	INDUSTRIAL	SAN CARLOS
MONTUFAR	8	7/8/2010	CURBSIDE INC / DOOR TO DOOR	610	ELM	SAN CARLOS
TERRELL-HONDL	1	7/12/2010	SAN CARLOS CITY HALL	600	ELM	SAN CARLOS
TERRELL-HONDL	1	7/14/2010	JIFFY LUBE 610	1030	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	1	7/14/2010	PERFORMEX MACHINING	963	TERMINAL	SAN CARLOS
GUIER	1	7/21/2010	LULU'S ON LAUREL	876	LAUREL	SAN CARLOS
TERRELL-HONDL	1	7/22/2010	HOLLY 76	906	HOLLY	SAN CARLOS
GUIER	23	7/26/2010	SCORE PIZZA	1105	SAN CARLOS	SAN CARLOS
GUIER	1	7/26/2010	TACO BELL	259	EL CAMINO REAL	SAN CARLOS
GUIER	1	7/26/2010	BAJA FRESH MEXICAN GRILL	240	EL CAMINO REAL	SAN CARLOS
GUIER	1	7/26/2010	SIRAYVAH ORGANIC THAI CUISINE	366	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	1	7/26/2010	DELTA STAR INC	270	INDUSTRIAL	SAN CARLOS
TERRELL-HONDL	1	7/27/2010	WHOLESALE TRANSMISSIONS	905	CENTER	SAN CARLOS
TERRELL-HONDL	1	7/27/2010	SAN CARLOS PUMP STATION	150	MONTE VISTA	SAN CARLOS
TERRELL-HONDL	1	7/29/2010	KELLY MOORE PAINT CO INC	1015	COMMERCIAL	SAN CARLOS
TERRELL-HONDL	1	7/30/2010	SAN CARLOS AIRPORT	620	AIRPORT	SAN CARLOS
TERRELL-HONDL	1	8/13/2010	SAN MATEO TRANSIT DISTRICT	501	PICO	SAN CARLOS
TERRELL-HONDL	1	8/16/2010	PG&E SAN CARLOS SUBSTATION		BAYSIDE BLVD/WASHINGTON	SAN CARLOS
ROMPF	1	8/19/2010	CURBSIDE INC / DOOR TO DOOR	610	ELM	SAN CARLOS
MONTUFAR	1	8/19/2010	CURBSIDE INC / DOOR TO DOOR	610	ELM	SAN CARLOS
TERRELL-HONDL	8	8/20/2010	SAN MATEO TRANSIT DISTRICT	501	PICO	SAN CARLOS
GUIER	1	8/30/2010	SNEAKERS PUB & GRILL INC	1163	SAN CARLOS	SAN CARLOS
GUIER	1	8/30/2010	SAFFRON INDIAN BISTRO	1143	SAN CARLOS	SAN CARLOS
GUIER	1	8/30/2010	LA CORNETA	1147	SAN CARLOS	SAN CARLOS
TERRELL-HONDL	1	8/30/2010	PHARMACOFORE INC	75	SHOREWAY	SAN CARLOS
TERRELL-HONDL	1	8/31/2010	PERFECT LUBE	1792	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	1	9/17/2010	JUSTIN'S 76	90	EL CAMINO REAL	SAN CARLOS
GUIER	6	9/20/2010	ZEST BAKERY	1226	ARROYO	SAN CARLOS
GUIER	1	9/30/2010	HOUSE OF BAGELS	605	LAUREL	SAN CARLOS
LOWE	1	10/27/2010	SAN CARLOS CORPORATION YARD	1000	BRANSTEN	SAN CARLOS
GUIER	1	11/1/2010	SEVEN ELEVEN STORE 14338	1080	HOLLY	SAN CARLOS
GUIER	1	11/1/2010	LUCKY	1133	OLD COUNTY	SAN CARLOS
GUIER	1	11/1/2010	RICE GARDEN	1133	OLD COUNTY	SAN CARLOS
GUIER	1	11/3/2010	ADEL MARKET	171	EL CAMINO REAL	SAN CARLOS
GUIER	1	11/22/2010	NEW FLOWER DRUM	1109	LAUREL	SAN CARLOS
GUIER	1	11/22/2010	BIANCHINI'S MARKET	810	LAUREL	SAN CARLOS
GUIER	1	11/22/2010	DONUT DELITE	749	LAUREL	SAN CARLOS
GUIER	1	11/22/2010	PILITA MEDITERRANEAN GRILL	680	LAUREL	SAN CARLOS

GUIER	1	11/22/2010	YAN'S GARDEN	885	LAUREL	SAN CARLOS
GUIER	1	11/23/2010	RUMI RESTAURANT	1179	LAUREL	SAN CARLOS
GUIER	1	11/23/2010	NINOS RISTORANTE & PIZZERIA	621	LAUREL	SAN CARLOS
GUIER	1	11/23/2010	THE ENGLISH ROSE	663	LAUREL	SAN CARLOS
GUIER	1	11/29/2010	TAQUERIA EL MAGUEY	1065	HOLLY	SAN CARLOS
GUIER	1	11/30/2010	SPEEDERIA PIZZERIA	711	LAUREL	SAN CARLOS
GUIER	1	11/30/2010	CVS/PHARMACY #550	1324	SAN CARLOS	SAN CARLOS
GUIER	1	12/1/2010	PUDLEYS	774	EL CAMINO REAL	SAN CARLOS
GUIER	1	12/2/2010	THE ENGLISH ROSE	663	LAUREL	SAN CARLOS
GUIER	1	12/20/2010	SAN CAFE	960	INDUSTRIAL	SAN CARLOS
GUIER	23	12/20/2010	QUIZNOS	990	INDUSTRIAL	SAN CARLOS
GUIER	1	12/20/2010	JACK IN THE BOX #468-1	1100	EL CAMINO REAL	SAN CARLOS
GUIER	1	12/20/2010	LA HACIENDA	1377	LAUREL	SAN CARLOS
GUIER	1	1/4/2011	NARANJOS TAQUERIA #2	1494	EL CAMINO REAL	SAN CARLOS
GUIER	1	1/4/2011	CARLS JR RESTAURANT	1800	EL CAMINO REAL	SAN CARLOS
GUIER	1	1/5/2011	JAMBA JUICE	1135	INDUSTRIAL	SAN CARLOS
GUIER	1	1/6/2011	EL CHARRITO TAQUERIA	1100	HOLLY	SAN CARLOS
GUIER	1	1/19/2011	TOWN	716	LAUREL	SAN CARLOS
GUIER	1	1/19/2011	HARMONY YOGURT, INC	852	LAUREL	SAN CARLOS
GUIER	1	1/19/2011	STARBUCKS COFFEE CO	856	LAUREL	SAN CARLOS
LOWE	1	1/20/2011	BRITTAN AVE SHELL	1098	EL CAMINO REAL	SAN CARLOS
GUIER	1	1/25/2011	WALGREENS CO	1414	EL CAMINO REAL	SAN CARLOS
GUIER	1	1/25/2011	BASKIN ROBBINS ICE CREAM	1648	EL CAMINO REAL	SAN CARLOS
GUIER	1	1/26/2011	CLOONEYS PUB	1189	LAUREL	SAN CARLOS
GUIER	1	1/26/2011	SKINNY SIPPIN	1295	LAUREL	SAN CARLOS
GUIER	1	1/26/2011	CARLOS CLUB	612	EL CAMINO REAL	SAN CARLOS
LOWE	1	1/26/2011	HY TECH PLATING CO INC	1011	AMERICAN	SAN CARLOS
GUIER	1	1/27/2011	CELEBRATIONS FOR HIRE	796	EL CAMINO REAL	SAN CARLOS
LOWE	2	1/27/2011	HY TECH PLATING CO INC	1011	AMERICAN	SAN CARLOS
GUIER	1	1/31/2011	MACK'S BBQ	1754	LAUREL	SAN CARLOS
GUIER	1	2/9/2011	WING STOP	1135	INDUSTRIAL	SAN CARLOS
GUIER	1	2/9/2011	CHIPOTLE MEXICAN GRILL, INC	1135	INDUSTRIAL	SAN CARLOS
GUIER	1	2/15/2011	LAUREL KABAB	635	LAUREL	SAN CARLOS
GUIER	1	2/15/2011	SIAMESE KITCHEN	637	LAUREL	SAN CARLOS
GUIER	1	2/15/2011	TAQUERIA MI RANCHITO	660	LAUREL	SAN CARLOS
GUIER	1	2/18/2011	MY BREAKFAST HOUSE	1137	LAUREL	SAN CARLOS
REED	85	2/23/2011	L3 COMMUNICATIONS CORP., EDD	960	INDUSTRIAL	SAN CARLOS
LOWE	85	2/23/2011	L3 COMMUNICATIONS CORP., EDD	960	INDUSTRIAL	SAN CARLOS
REED	85	2/24/2011	L3 COMMUNICATIONS CORP., EDD	960	INDUSTRIAL	SAN CARLOS
MONTUFAR	1	2/24/2011	L3 COMMUNICATIONS CORP., EDD	960	INDUSTRIAL	SAN CARLOS
LOWE	2	2/24/2011	L3 COMMUNICATIONS CORP., EDD	960	INDUSTRIAL	SAN CARLOS
ROMPF	4	3/9/2011	CURBSIDE INC / DOOR TO DOOR	610	ELM	SAN CARLOS
LOWE	4	3/9/2011	CURBSIDE INC / DOOR TO DOOR	610	ELM	SAN CARLOS

GUIER	23	3/17/2011	THE DOOR CHRISTIAN BOOKSTORE	787	LAUREL	SAN CARLOS
GUIER	1	3/29/2011	AMAZING WOK	1655	LAUREL	SAN CARLOS
TERRELL-HONDL	1	3/29/2011	SBC	537	LAUREL	SAN CARLOS
TERRELL-HONDL	1	4/11/2011	SAN CARLOS SHELL	500	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	1	4/15/2011	OIL CHANGERS	1188	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	1	4/19/2011	CAL ART & ENGRAVING, INC.	350	INDUSTRIAL	SAN CARLOS
TERRELL-HONDL	1	4/25/2011	HOWARD AVENUE RADIATOR	1150	HOWARD	SAN CARLOS
TERRELL-HONDL	1	4/26/2011	GLASS AVIATION	795	SKYWAY	SAN CARLOS
TERRELL-HONDL	1	4/26/2011	B & H TECHNICAL CERAMICS INC	390	INDUSTRIAL	SAN CARLOS
TERRELL-HONDL	1	4/26/2011	BEL AIR INTERNATIONAL	795	SKYWAY	SAN CARLOS
GUIER	12	4/27/2011	CVS/PHARMACY #550	1324	SAN CARLOS	SAN CARLOS
TERRELL-HONDL	1	4/28/2011	CREATIVE CABINETS	217	OLD COUNTY	SAN CARLOS
TERRELL-HONDL	1	5/2/2011	SHACK BROS	639	QUARRY	SAN CARLOS
TERRELL-HONDL	1	5/3/2011	PG & E SAN CARLOS SERVICE CENTER	275	INDUSTRIAL	SAN CARLOS
TERRELL-HONDL	1	5/3/2011	LESLIES SWIMMIING POOL SUPPLIES	770	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	1	5/3/2011	KELLY MOORE PAINT CO., INC	1075	COMMERCIAL	SAN CARLOS
TERRELL-HONDL	1	5/3/2011	CALIFORNIA RADIOGRAPHICS	360	INDUSTRIAL	SAN CARLOS
TERRELL-HONDL	1	5/5/2011	RAMOS WOODWORKS INC	675	TAYLOR	SAN CARLOS
TERRELL-HONDL	1	5/5/2011	PEP BOYS	1087	OLD COUNTY	SAN CARLOS
TERRELL-HONDL	1	5/5/2011	FRANS MERCEDES SVC	219	OLD COUNTY	SAN CARLOS
TERRELL-HONDL	1	5/11/2011	MAYNE TREE EXPERT CO	535	BRAGATO	SAN CARLOS
TERRELL-HONDL	1	5/11/2011	AUTO PRIDE CAR WASH	195	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	3	5/16/2011	WALGREENS	1414	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	1	5/16/2011	EUROTECH COLLISION REPAIR	171	INDUSTRIAL	SAN CARLOS
TERRELL-HONDL	1	5/16/2011	SIEDL STEEL INC	500	BRAGATO	SAN CARLOS
CASEY	1	5/19/2011	CURBSIDE INC / DOOR TO DOOR	610	ELM	SAN CARLOS
TERRELL-HONDL	1	5/19/2011	880 AUTO WORKS	880	EL CAMINO REAL	SAN CARLOS
TERRELL-HONDL	1	5/24/2011	HOLLY PETROLEUM, INC.	907	HOLLY	SAN CARLOS
TERRELL-HONDL	1	5/27/2011	RECOLOGY SAN MATEO COUNTY	225	SHOREWAY	SAN CARLOS
TERRELL-HONDL	1	6/6/2011	PENINSULA LABORATORIES INC	305	OLD COUNTY	SAN CARLOS
TERRELL-HONDL	1	6/6/2011	HUBER PRECISION	585	TAYLOR	SAN CARLOS
TERRELL-HONDL	1	6/7/2011	R M MANUFACTURING	950	TERMINAL	SAN CARLOS
TERRELL-HONDL	1	6/8/2011	ROYALITE MANUFACTURING, INC	1055	TERMINAL	SAN CARLOS
TERRELL-HONDL	1	6/13/2011	CAMBRON AUTO BODY	244	INDUSTRIAL	SAN CARLOS
TERRELL-HONDL	1	6/16/2011	EQUITY OFFICE	999	SKYWAY	SAN CARLOS
TERRELL-HONDL	1	6/22/2011	FLEXTRONICS INTL USA INC	1000	COMMERCIAL	SAN CARLOS
GUIER	1	6/29/2011	RED HOT CHILLI PEPPER	1125	SAN CARLOS	SAN CARLOS
GUIER	1	6/29/2011	LOCANDA POSITANO	617	LAUREL	SAN CARLOS
GUIER	1	6/29/2011	IN N OUT BURGER	445	INDUSTRIAL	SAN CARLOS

STORMWATER INSPECTIONS & VIOLATIONS SUMMARY

Municipality: SAN CARLOS
Period Covered by this Report: July 1, 2010 through September 30, 2010
Period Covered by the Previous Report: April 1 through June 30, 2010
Date:

	Haz Mat	Food
Total Number of Inspections:	19	50
Total Number of Violations:	0	1
Total Follow-up Actions:	0	1
Total Violations Corrected:	0	1
Total Violations Pending:	0	0

NAME ADDRESS TYPE OF BUSINESS	VIOL. DATE	INSP	TYPES OF VIOLATIONS		DESCRIPTION OF VIOLATION	ENFORCEMENT ACTIONS						FOLLOW-UP ACTION	VIOLATIONS CORRECTED (YES/NO)	DATE CORRECTED
			PEX	NSW	including whether violating flow reached a creek or other waterbody, (name waterbody)	NONE	VW	WN	AA	LA				
Holly 76, 906 Holly St	22-Jul	MT	no	no	Minor sheen in drains, no eveidence of release. Site prone to flooding.	*						no	na	na
Alliance Gas Products, 820 Industrial	29-Jul	MT	no	no	NO VIOLATION: All hazardous material stored on-site is compressed gases. Facility does not pose stormwater discharge risk.	*						no	na	na
House of Bagels, 605 Laurel	30-Sep	BG	yes	yes	Observed employee dumping mop bucket into back side street area (which leads to street & storm drain) All waste water is required to be disposed of in facility. Utilize mop sink for waste water. Note: Found to be washing Starbucks mess away.			*				yes	yes	6-Oct

Type of Violation
PEX Pollutant Exposure
NSW Non-Stormwater Discharge

Discharge of pollutants to stromdrain system because polltants are exposed to stormwater runoff.
Discharge of non-stormwater materials to storm drain syste. Non-stormwater discharges are allowed by STOPPP's NPDES permit as conditgionally exempted should not be identifies as a NSW violation.

Enforcement Actions
None No Action Taken
VW Verbal Warning
WN Warning Notice
AA Adiministative Action
LA Legal Notice

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 573-2270 www.smchealthy.org

DATE: 9/30/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: House of Bagels

ADDRESS: 605 Laurel CITY: San Carlos

OWNER: 26173 / RECORD ID: 42372 P/E: 16623/3090

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/	X	X			

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#45 Floor area around water heater very dirty. (Keep clean)

#55 Observed employee dumping mop bucket into back side street area (which leads to street & storm drain). All waste water is required to be disposed of in facility. Utilize Mop SINK for waste water. Note: Found to be washing Starbucks mess away.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PR

San Mate
2000 Alam
(650) 372

DATE: 9/30/10	PAGE of
INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: House of Bagel

ADDRESS: 605 Laurel CITY: San Carlos

OWNER: 26173 / RECORD ID: 42372 P/E 3090 16623/

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/	X	X			

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#45 Floor area around water heater very dirty. (Keep clean)

~~#5~~ / COS ✓
10/4 NO VIOLATION OBSERVED

#55 Observed employee dumping mop bucket into back side street area (which leads to street & storm drain). All waste water is required to be disposed of in facility. Utilize Mop SINK for waste water. Note: Found to be washing Starbucks mess away

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guter PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
Phone: (650) 372-6200 Fax: (650) 573-9244 www.smchealthy.org

DATE: 7/26/10 | PAGE of

INSPECTION TYPE	STATUS
■ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	■ 55 CLOSURE

FACILITY NAME: Baja Fresh Mexican Grill

ADDRESS: 240 El Camino Real CITY: San Carlos

OWNER:

RECORD ID: 48106 / 146076 P/E: 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/	/				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures							19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability		/	/			
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

This facility is closed due to lack of hot water. (see "Notice to Close").

Note: Plumber contacted. Call me for a re-inspection when hot water is restored.

Food handler Cert: Sunita: Serve Safe: expires 1/31/2012

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Karen Gomez PRINT: Karen Gomez TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) [illegible]

DATE: 7/26/10 | PAGE of

INSPECTION TYPE	STATUS
☐ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☒ OTHER (17)	☐ 54 POOR
REINSPECTION DATE: 7 Days	☐ 55 CLOSURE

FACILITY NAME: Taco Bell

ADDRESS: 259 El Camino Real CITY: San Carlos

OWNER:

RECORD ID: 28830/42432 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		/	/			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

* Complaint received in our office regarding a fingernail in a burrito. Note: Employees preparing food found to be wearing gloves. This is company policy. No associated problems noted at this time

#14/#40 Wiping cloth sanitizer in kitchen area found without sanitizer. Change immediately. Other sections OK

#35 - Repair walk-in cooler door (Found not to be closing) (7 days).

#41 Repair leaking Janitorial sink faucet (7 Days).

#35 - Secure CO_2 containers so that they cannot tip over. (Today).

#35 ~ Adjust bottom door of hot holding unit ~~[illegible]~~ (Bavles' unit) next to dishwash area. (Found not to be sealing properly) (7 Days)

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Rechel Celo PRINT: Rachel Costo TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
[illegible]

DATE: 7/26/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Sirayvah Organic Thai Cuisine
ADDRESS: 366 El Camino Real CITY: San Carlos
OWNER:
RECORD ID: 801/42353 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#45- Floors under & behind equipment need cleaning better. (Food, etc. building up). (7 Days to clean).

Handwash - OK
Restroom - OK
Sanitizer - OK
Dishwash - OK

Raw meat storage - OK (Below/away from other foods)
Cold hold below 41°F - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: ~~Brent~~ [illegible] PRINT: TITLE:
SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403

DATE: 8/30/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Saffron Indian Bistro

ADDRESS: 1143 San Carlos CITY: San Carlos

OWNER:

RECORD ID: 37352/42448 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#27- Buffet line needs sneeze guard protected between food and customer. Provide sneeze guards within 30 days.

- Buffet: Hot hold range from 141°F – 168°F (OK)
- Refrigeration units & cold hold 41°F & below (OK)
- Restrooms – OK Handwash – OK
- Cooling in shallow metal pans – OK
- Sanitized wiping cloths – OK Dishwasher – OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X PRINT: TITLE:

SPECIALIST: Brent Guler PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo, CA. 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/environ

DATE: 8/30/10 | PAGE of

INSPECTION TYPE	STATUS
■ ROUTINE	■ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: La Corneta

ADDRESS: 1147 San Carlos CITY: San Carlos

OWNER: RECORD ID: 23519 / 42425 P/E: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadulterated	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		65	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#35 - single service utensils in front of cash register need to have handles facing customer. (found mixed)

* (Post Report in public view.)

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403

DATE: 8/30/10 | PAGE of

INSPECTION TYPE	STATUS
■ ROUTINE	■ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Sneakers Pub & Grill

ADDRESS: 1163 San Carlos CITY: San Carlos

OWNER: RECORD ID: 1223/42401 P/E 1626

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#27- Keep all raw meats below vegitables & other foods (found above vegtables in walk-in cooler) * Corrected during inspection. *

Sanitizer - ok dishwash - ok
Restrooms - ok Hot & cold hold - ok

Food handler Cert. Maria Vega Expires 1/31/14.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Vega PRINT: Agapito Vega TITLE: Kitchen Manager

SPECIALIST: Brent Guier PHONE: 372-6251

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San Mateo County Environmental Health Services Division
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DATE: 7/21/10 | PAGE of

INSPECTION TYPE	STATUS
■ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	■ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Lulu's

ADDRESS: 876 Laurel St. CITY: San Carlos

OWNER:

RECORD ID: 61606/63972 P/E: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized						
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		/					19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

New Facility - No problems with previous opening inspection

#43 - Self-closing device for restroom door never finished installation (door section attached to door). Finish install so that door is self-closing.

#7

Hot holding over 135°F - ok, except for hot holding unit next to grill area. Found at 131°F. Adjust knob so that it keeps food above 135°F. Mark knob so that all employees know minimum setting.

Food Handler Cert. Lourdes Lopez & Georgina Lopez Expire Oct. 2012

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Joe Mendez PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 637-9244 www.smchealthdirect.org

DATE: 7/21/10

PAGE of

INSPECTION TYPE	STATUS
■ ROUTINE	■ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Yans Garden

ADDRESS: 885 Laurel St. CITY: San Carlos

OWNER:

RECORD ID: 1206

P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#38- Provide light covers for lights over kitchen (found missing).

Raw meats below other food - OK Hand wash - OK
Sanitizer - OK Hot hold over 135°F. - OK
Guo Chi Yan Serve Safe Expires 4/10/2011

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
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San Mateo County Environmental Health Services Division
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DATE: 7/21/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 10 Days	☐ 55 CLOSURE

FACILITY NAME: Ristorante Italiano

ADDRESS: 888 Laurel St. CITY: San Carlos

OWNER: RECORD ID: 351 P/E: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-In compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#35 - Refrigeration unit next to three-compartment sink found at 58°F with water dripping inside from ice build-up. (No potentially hazardous foods in unit at this time.). Repair prior to placing any potentially hazardous foods in refrig. unit. (Refrig. company called by chef).

#43 - Restroom door needs to be "self-closing". Install self closing device (ie. arm or springed hinges, etc.)

Handwash - OK Dishwasher & sanitizer - OK

Food handler cert. expires Sept. 27, 2011 - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
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DATE: 7/21/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 DAYS	☐ 55 CLOSURE

FACILITY NAME: Ozuma
ADDRESS: 894 Laurel
CITY: San Carlos
OWNER:
RECORD ID: 2731
P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food				/			55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#39 - Provide thermometer to back refrigerator. (thermometer on front is not working). Keep in front area to monitor OK

#6 - Provide paper towels to Kitchen dispenser at handwash sink (found none) - OK

#27 - Store raw meats under other foods in refrigeration units. (found stored over vegitables, etc)

38 - Provide light covers or light sleeves to lights over Kitchen area. These need to be shatterproof.

45 - Floor areas under and behind equipment throughout Kitchen & Sushi bar need to be cleaned better (buildup of food/grease/etc found).

Serve Safe: Certificate Expires 7/10/14 - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: | PRINT: Linda Ngan | TITLE: Manager

SPECIALIST: Brent Guier | PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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San Mateo County Environmental Health Services Division
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(650) 372-6200, Fax (650) [illegible]

DATE: 9/30/10 | PAGE 1 of 2

INSPECTION TYPE	STATUS
☐ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☑ 53 FAIR
☑ OTHER 17	☐ 54 POOR
REINSPECTION DATE 3 DAYS	☐ 55 CLOSURE

FACILITY NAME: New Canton
ADDRESS: 1160 Laurel CITY: San Carlos
OWNER:
RECORD ID: 1358 PE 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/	X				
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits							16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use		X	X				17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X	X				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

* Complaint received in our office regarding grease bin outside and kitchen grease build-up on walls & ceiling.
#6 - Handwash sink found blocked and filled with containers. Keep handwash sink clear so employees can wash hands.
#5 Employees need to wash hands constantly between cleaning, handling foods (ie. raw meats & vegitables, etc.). Handwash found not being used
#14 Knives found stored between equipment in kitchen. Keep knives & utensils on prep. tables, in clean container, in approved knife holders, etc. that can be kept clean & sanitized.
#47 Post last inspection report in public area. (Non-found).
#35 Replace broken lids on bulk containers in dry storage room.
#27 Meats (Raw) found stored over vegitables in large refrigerator. Put all raw meats on bottom shelf & vegitables & other foods above raw meats. (Correct TODAY).
#45 Floor area under kitchen equipment needs cleaning.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: TITLE:
SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 278-8200 Fax (650) [illegible]

DATE: 9/23/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE 7 Days	☐ 55 CLOSURE

FACILITY NAME: Kelly's Deli at Home Depot
ADDRESS: 1125 Old County Rd. CITY: San Carlos
OWNER: Mark Kelly (408) 921-8148 RECORD ID: 61004 PE 1623

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered						
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		/	/			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	~~/~~	/	/				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods		/					21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals		/	/			
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#23 Excessive flies found in facility. #44 Provide screens for large open service windows. The only openings should be small "pass through" sections.
#14 Food contact surfaces not being kept sanitized #40 Wiping cloths & buckets with wiping cloths found with no sanitizer. Maintain wiping cloths & bucket solution with sanitizing agent at all times of business. #6 Men's restroom found without any soap. Make sure you discuss this issue immediately with Home Depot. Have corrections made immediately. Wash hands in facility with soap & hot water after using restroom until problem corrected. #9 Beans found cooling in plastic containers (cooked last night - at proper temp. now) Use shallow metal containers. Plastic insolates heat & is not good for cooling potentially hazardous foods.
* All items need correction today, except #44 (7 days)
Note: New owner this year. Last report was opening inspection.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: Javier C Andrade TITLE:
SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 637-9126, www.smcenvhealth.com

DATE: 9/17/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☒ OTHER 12	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Ducky's Car Wash
ADDRESS: 1301 Old County Rd. CITY: San Carlos (1616)
OWNER:
RECORD ID: 47466/33071 P/E 01/12

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification						/	13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized						/
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use						/	17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures						/	19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures						/	22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food						/	55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

* Incidental food permit - Pre-packaged non-potentially hazardous food items at this time - OK.

#43 - Restroom doors need to be self-closing. (i.e. spring & hinge, etc.)

* Tobacco permit Investigation (Requested by Facility)
- No tobacco products sold at this facility -
- Tobacco permit to be inactivated & billing adjusted -

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Sue E. Alfano PRINT: SUE ELLEN ALFANO TITLE: CONTROLLER

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 [illegible]

DATE: 8/18/10 | PAGE of

INSPECTION TYPE	STATUS
☐ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☒ OTHER 17	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Catering Connection

ADDRESS: 550 Quarry Rd. CITY: San Carlos

OWNER:

RECORD ID: 32885 PE 1681

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

* Complaint received regarding filthy restroom.

Note: Public restrooms old, but clean, with soap, paper towels & hot water. Employee restroom - ok

Hot hold over 135°F - ok
Dishwasher reached over 180°F. final rinse (sanitize) - ok
date stickers for food rotation used - ok
temperature logs kept - ok Hood system - ok
Cold hold 41°F & below - ok Floors, walls - clean - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: Louis Ramos TITLE:

SPECIALIST: Grant Quin PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 637-9844 www.smcehd.org/foodprotection

DATE: 7/21/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☑ 53 FAIR
☑ OTHER 22	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Holly Market
ADDRESS: 491 Laurel St. CITY: San Carlos
OWNER:
RECORD ID: 1195 P/E 1612

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification						/	13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized						/
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use					/		17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		/					19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures						/	22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

Recall investigation for "Flash Pop Candy".
* None sold at this facility.

(#7) - Potentially hazardous food in reach-in cooler (i.e. sandwiches, etc.) should not have liners on shelf. Air needs to circulate through shelving to keep all food below 41°F. Sandwiches, etc. found at 44-45°F. (other foods at 38 that don't have liner).

(43) - Restroom doors need to be "self-closing". Install self closing devices on doors.

(#6) - Maintain paper towels at restroom handwash sink dispenser (found empty).

(#43) Replace broken toilet tank lid.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: Don Cram TITLE:
SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) [illegible]

DATE: 7/13/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	■ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Saffron Catering
ADDRESS: 617 Laurel St. CITY: San Carlos
OWNER: RECORD ID: 61031 P/E: 1681

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

No violations noted at this time.

Chemical storage — ok
Pest control service monthly - ok
Cold holding (33-37°F) - ok
Cooling in shallow metal containers - ok
Raw meats stored on bottom shelves - ok
Hood system - ok
Floors/walls/ceilings clean - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: RAJ. Kunitz PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 627-8224 www.smcehsd.org/food

DATE: 7/13/10 | PAGE of

INSPECTION TYPE	STATUS
■ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	■ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 DAYS(+)	☐ 55 CLOSURE

FACILITY NAME: Laurel Street Cafe

ADDRESS: 635 Laurel St. CITY: San Carlos

OWNER: RECORD ID: 60124 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		/	/			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#6 - Replace soap dispenser at front kitchen handwash sink (fell off).

#14 - Food contact surfaces (i.e. cutting boards, prep. tables, etc. need to be kept cleaned & sanitized. Provide container(s) with bleach water for wiping rags #40

#27 - Raw meats in refrigeration unit found stored over vegitables. Place all raw meats on bottom shelving and vegitables above the raw meats.

#35 - Knives, utensils found being stored between two refrigeration units. Store utensils only in cleanable areas (not between equipment). Wash and sanitize these utensils now, prior to any more use.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) [illegible]

DATE: 7/13/10	PAGE of
INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Siamese Kitchen
ADDRESS: 637 Laurel St. CITY: San Carlos
OWNER: RECORD ID: 2322 PE: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#38 - Provide shatterproof light sleeves to lights above dishwash area. (Non-Found.).

#45 - ~~Ceiling~~ WALL area above hood (Rt. side). needs cleaning. Grease build-up from hood system found

Cold holding below 41°F - ok
Dishwash sanitizer - ok
Handwash station - ok
chemical storage - ok

Note: Food handler certification expires in 3 days. 60 Days to obtain new certification once expired.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) [illegible]

DATE: 9/17/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE 14 DAYS	☐ 55 CLOSURE

FACILITY NAME: Olive Crush
ADDRESS: 653 Laurel CITY: San Carlos
OWNER: (533-1189) RECORD ID: 63883 P/E 1616

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification						✓	13	Food in good condition, safe and unadultered	✓					
2	Disease reporting, restrictions & exclusions	✓						14	Food contact surfaces; clean and sanitized						✓
3	Discharge from eyes, nose, and mouth	✓						15	Food obtained from approved sources	✓					
4	Proper employee habits	✓						16	Compliance with shell stock tags, display						✓
5	Proper hand washing/glove use							17	Compliance with Gulf Oyster regulations						✓
6	Adequate hand washing facilities supplied		✓					18	Compliance with variance & HACCP Plan						✓
7	Proper hot and cold holding temperatures						✓	19	Raw or undercooked food advisory						✓
8	Time as public health control; procedures & records						✓	20	Licensed health care facilities/schools						✓
9	Proper cooling methods						✓	21	Hot and cold water availability		✓	✓			
10	Proper cooking time and temperatures						✓	22	Sewage and wastewater properly disposed	✓					
11	Proper reheating procedures for hot holding						✓	23	No vermin, insects, birds, or animals	✓					
12	Returned and re-service of food					✓		55	Storm Water (www.flowstobay.org/food)	✓					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

* Pre-packaged, non-potentially hazardous foods.

*6 - Finish installing soap & paper towel dispensers (mounted to walls).
*13 - Finish installing self-closing device to restroom door (ie. springed hinges, arm device).
*21 - Finish providing hot water to restroom sink (handwash sink).

Note: I will check with Bernardo Patino in our office as to the restroom hot water requirement. According to owner - he was told that use of handwash sink outside of restroom is ok.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Michael PRINT: TITLE:
SPECIALIST: Brent Guier PHONE: 372-6251

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San Mateo County Environmental Health Services Division
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DATE: 7/13/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 21 Days	☐ 55 CLOSURE

FACILITY NAME: Taqueria Mi Ranchito
ADDRESS: 660 Laurel St. CITY: San Carlos
OWNER:
RECORD ID: 588
P/E: 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed		/				
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals		/				
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#23 Flies noted in facility. Keep back door closed or install screen door to keep flies from entering facility. (Back door is near dumpster).
#33 - Hood filters found with grease build-up (dripping out bottom of filter). Clean filters more often to prevent grease build-up
#22 - Condensor unit in back of walk-in refrigeration unit is leaking water. Repair leak and clean water off flooring.
#44 - Clean area of clutter behind walk-in refrigeration unit so that area can be kept clean (too much clutter found).
#45 - Floor area under and around back kitchen area (including behind walk-in refrigerator) needs to be cleaned (water, debris, food, etc. building up).
#27 store all raw meats on bottom shelves of walk-in box and refrigeration units to prevent contamination of other foods (ie. vegitables, etc.).
Food handler cert. Miguel Huerta. Expires 6/14

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Miguel Huerta PRINT: TITLE:
SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/12/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Town

ADDRESS: 716 Laurel St. CITY: San Carlos

OWNER:

RECORD ID: 2537 P/E 1627

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/	/					13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					~~NA~~
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding							23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food							55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#38- Provide shatterproof light cover to lights missing cover in back kitchen.

#45- Clean dust, etc. buildup on ceiling and make-up air vent in back kitchen area.

Cold hold 41°F & below - OK Hot hold over 135°F - OK
Reheating 165°F+ (i.e. meatloaf) - OK
Wiping cloth sanitizer - OK Raw meat stored below other
Dishwasher sanitizers - OK Foods - OK
Color coded cutting boards for raw meat, veg's, etc - OK
No shellfish (oyster or clams)
Hood system - OK

Serve Safe Certified: - Daniel Dowdell Expires 12/11/2011
(5-6 certified)

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: Frank Sanchez TITLE: Partner

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/13/10

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INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Ristorante Piacere

ADDRESS: 727 Laurel St. CITY: San Carlos

OWNER:

RECORD ID: 1204 P/E 1626

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		/				
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations	/					
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		/					19	Raw or undercooked food advisory		/				
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#14- Ice Maker is starting to build mold up on the top of the inside of machine. Keep clean & sanitized. (Note: Corrected during inspection).

#7 - Cooks line refrigeration unit holding food over 41°F. (45°F). Have unit checked asap. If temperature rises anymore, move food (Potentially Hazardous) to another refrigerator.

#45- Floor areas under back kitchen equipment & along floor/wall junctions have food build-up. (Clean as needed)

Food handler certificate: Miriam. Expires 7/26/11 - ok

Raw Meats below other foods in walk-in - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 9/28/10 | PAGE 1 of

INSPECTION TYPE	STATUS
☐ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☒ OTHER 17	☐ 54 POOR
REINSPECTION DATE: (7 DAYS)	☐ 55 CLOSURE

FACILITY NAME: Ristorante Piacere

ADDRESS: 727 Laurel St. CITY: San Carlos

OWNER:

RECORD ID: 1204 P/E 1626

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		/	/			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits		/					16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use		/	/				17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		/	/				19	Raw or undercooked food advisory	/					
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

*Complaint received regarding odors from trash area (outside). #42 - Odor found in trash dumpster (chef called to have it changed). Also, keep oil/grease bin inside trash enclosure. #30 - Boxes of food, lids, etc. found on floor in upstairs storage room. Store 6" off floor. #30 White beans, found in open box. Place in labeled container once opened. #40 - Wiping cloths found without sanitizer. #14 - All surfaces (food contact) need to be kept sanitized with wiping rags. Maintain sanitized rags in solution between uses. #4 Employee seen eating in service area. Employees must eat outside of kitchen or service areas & wash hands when they return. #5 Two employees seen cleaning and then returning to food service without washing hands or changing glove. #5

#7 - Cold holding in cooks line refrigeration unit found at 54°F to 68°F. (less than 2 HRS). Rapidly cool items back down to below 41°F until unit repaired. (Done during inspection).

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/12/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Santorini

ADDRESS: 753 Laurel St. CITY: San Carlos

OWNER: RECORD ID: 30444 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized						
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits							16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use		/	/				17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/	/				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	Pass	/	/				19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#5 & #6 - No soap & paper towels at handwash sink in kitchen area found. Maintain soap & paper towels at all times in dispensers. (Note: corrected during inspection).

#7 & #35 - Refrigeration unit behind cook-line found to be dispensing circulated air at 61°F. Meats in refrigeration unit internal temperature between 43-45°F. This unit may have recently developed problems.
* Food (Potentially hazardous) moved to next refrigeration unit (below 41°F) until refrigerator repaired. Signs placed on unit not to use for potentially hazardous foods. Veg's drinks, etc., OK.

Serve Safe Certificate: Edward Khachatorian Expires 1/30/15
* Contact me to re-check the refrigerator when fixed.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Enrique Jaimez PRINT: Enrique Jaimez TITLE: Waiter

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/12/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☑ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Spasso Restaurant

ADDRESS: 769 Laurel St. CITY: San Carlos

OWNER:

RECORD ID: 2914 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use							17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/	/				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory		/				
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#6 - Handwash sink in kitchen blocked and not easily accessible. Keep area open at all times. Correct immediately.

#41 - Repair leak in 3-compartment sink plumbing (above sink)

#19 - Raw eggs used for Caesar Salad dressing. The menu needs to reflect that "raw" or undercooked eggs used in dressing. (Note: Owner said he will switch to pasturized eggs). No need to change menu if pasturized eggs used

Food handler cert: Serve Safe: Stephan, Stamos Expires 3/13/12

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/12/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 14 Day	☐ 55 CLOSURE

FACILITY NAME: Kaigan Sushi Restaurant
ADDRESS: 773 Laurel St. CITY: San Carlos
OWNER: RECORD ID: 37516 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	~~/~~	/				
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		/	/				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		/	/				19	Raw or undercooked food advisory						
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#6 - Replace missing soap dispenser in men's restroom (Pump soap temporary).

#6 - Kitchen handwash sink missing paper towels. Replace immediately.

#6 - Women's restroom missing soap dispenser. Replacement needed. (temporary pump soap being used).

#38 - Refrigerator (walk-in) & Freezer (walk-in) lights are not working. Repair lights so that proper cleaning can be done.

#14 - Ice maker has mold build up inside machine. Clean & sanitize.

#45 - Walk-in refrigerator floor at wall junctions has food build-up. Clean area thoroughly.

#29 - Chemical spray bottles found not labelled as to content. Label these bottles

Serve Safe Certificate: Siu Li Tang Expires 4/10/2011

#7 - Sushi display case at 51°F. Turned on when opened. Turn on earlier to make sure 41°F or below is obtained. Fish in case 1½ Hrs (Move to refrig.)

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Siu Li Tang PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/12/16	PAGE of
INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Cafe La Tosca

ADDRESS: 777 Laurel St. CITY: San Carlos

OWNER: RECORD ID: 1205 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food				/			55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#~~31~~ 27 - Store all raw meats on bottom shelves of refrigeration unit in back kitchen (This applies to all refrigeration units).

#40 - No bleach water found for wiping rags. (Maintain at all times).

Food Handler Cert. Federico Sanchez: Expires 3/4/2015

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 · Fax (650) 372-6234 · www.smchealthenviron.org

DATE: 7/2/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Viva La Vita
ADDRESS: 788 Laurel St. CITY: San Carlos
OWNER:
RECORD ID: 60614 P/E: 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification		/					13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory		/				
8	Time as public health control; procedures & records					/		20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#1 New cook needs to bring copy of Food Handler Certificate to Facility.

#19 Ceaser Salad dressing contains raw egg. Label menu with undercooked or raw egg advisory for customer or use pasturized eggs.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guler PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☒ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Shiki

ADDRESS: 825 Laurel CITY: San Carlos

OWNER:

RECORD ID: 2566 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
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9	Proper cooling methods	/						21	Hot and cold water availability	/					
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11	Proper reheating procedures for hot holding							23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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* Complied with previous report. (chlorine test strips, Food certification & shell stock tags). (No more food in bathroom, hot water at employee handwash sink).

#38 - Repair restroom (employee) ventilation fan (not working).

Hot hold over 135°F - OK cold hold 33°-40°F - OK
Sanitizer & dishwasher - OK. Chemical storage - OK

John Wang expires 4/29/2015 Serve Safe - OK

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SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/29/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Wing Stop
ADDRESS: 1135 Industrial Rd. CITY: San Carlos
OWNER: RECORD ID: 54077 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	✓						13	Food in good condition, safe and unadultered	✓					
2	Disease reporting, restrictions & exclusions	✓						14	Food contact surfaces; clean and sanitized	✓					
3	Discharge from eyes, nose, and mouth	✓						15	Food obtained from approved sources	✓					
4	Proper employee habits	✓						16	Compliance with shell stock tags, display						✓
5	Proper hand washing/glove use	✓						17	Compliance with Gulf Oyster regulations						✓
6	Adequate hand washing facilities supplied	✓						18	Compliance with variance & HACCP Plan						✓
7	Proper hot and cold holding temperatures	✓						19	Raw or undercooked food advisory						✓
8	Time as public health control; procedures & records						✓	20	Licensed health care facilities/schools						✓
9	Proper cooling methods							21	Hot and cold water availability	✓					
10	Proper cooking time and temperatures	✓						22	Sewage and wastewater properly disposed	✓					
11	Proper reheating procedures for hot holding					✓		23	No vermin, insects, birds, or animals	✓					
12	Returned and re-service of food					✓		55	Storm Water (www.flowstobay.org/food)	✓					

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No problems noted at this time.

Cold hold 37-43°F (below 41°F) - OK Hot hold over 135°F - OK
Sanitizer - OK Temp. Logs - OK Floors, walls, hood - OK
Pest proofing - OK Washing sink rinse sanitizer - OK
Food storage - OK Chemical storage - OK
Serve Safe Certified: Alfredo 12/17/12, Krystal 1/28/13

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Wesley [illegible] PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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INSPECTION TYPE	STATUS
■ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	■ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
■ OTHER 22	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Chipotle Mexican Grill

ADDRESS: 1135 Industrial CITY: San Carlos

OWNER: RECORD ID: 53777 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
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12	Returned and re-service of food				/			55	Storm Water (www.flowstobay.org/food)	/					

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#7 & #11 - Beans heated for steam table found at 130°F (less than 1 HR). Reheat to 165°F prior to placing back into steam table. Maintain at minimum 135°F on steam table. (Corrected on site).

Recall Check

Check for 20 Lb. bulk packaged Corn & Poblano Peppers (SKU #'s 10071179017738) because of potential Listeria contamination

Note: Facility does not have this product.

Raw meats stored below other Foods - OK, Sanitizer - OK
Handwash - OK Note: Employees seen washing hands often!
Food handler Cert: Alma Bravo: Expires 6/6/2011 - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Alma Bravo PRINT: Alma Bravo TITLE: Restaurateur

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 9/23/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Coffee Aroma
ADDRESS: 1261 San Carlos Blvd. CITY: San Carlos
OWNER:
RECORD ID: 2795 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
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12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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* Deli type Food & coffee at facility. Pre-cooked meats.

#6- Provide installed soap & paper towel dispensers to handwash sink area in deli. Provide soap dispenser to restroom handwash sink. Pump soap & loose towels not acceptable.

No hot holding - OK Employee (owner) observed washing hands constantly - OK

Cold hold below 41°F - OK No cooling of foods at this time, except egg salad, tuna in small containers - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: PONG YE YOM TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/26/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Tutti Frutti
ADDRESS: 1148 San Carlos Ave. CITY: San Carlos
OWNER:
RECORD ID: 61734 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
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Yogurt & Toppings sold - No deli, meat section - OK

Cold hold below 41°f - OK

Janitorial area - OK / Dishwash area - OK
Chemicals stored away from food products - OK
Hot water & handwash - OK
Restrooms - OK / Prep Area - OK / Floors, walls - OK

Professional Food Safety Cert. Bruce Christiansen: expires 5/4/2015

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X [signature] PRINT: Bruce A Christiansen TITLE: Owner
SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 8/30/10 | PAGE of

INSPECTION TYPE	STATUS
☐ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☒ OTHER 17	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Hole In One

ADDRESS: 1265 San Carlos CITY: San Carlos

OWNER: RECORD ID: 1211 / 32314 P/E: 1612

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification						/	13	Food in good condition, safe and unadulterated	/					
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* Complaint received in our office that you are allowing dogs in your facility.
- No dog(s) at time of inspection. I informed owner that only service dogs allowed

- food stored off flooring - OK
- No potentially hazardous foods (only pre-packaged, non potentially hazardous (candy, chips, soda, etc)

*
Tobacco kept behind counter or in locked case - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [illegible] PRINT: FITINO INDRODJO TITLE: OWNER

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 7/20/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Aya Sushi

ADDRESS: 1070 Holly CITY: San Carlos

OWNER:

RECORD ID: 819 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
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Restaurant

- #38 Repair fan (exhaust) in women's restroom. Found not working.
- #45 Floors under equipment in kitchen & storage area dirty. Cleaning needed.

Handwash - ok Dishwash - ok

Sushi Bar

Cold hold (34-38) - ok Handwash - ok Sanitizer - ok

Food off floor - ok

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SPECIALIST: Brent Guier PHONE: 372-6251

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INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
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☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 DAYS	☐ 55 CLOSURE

FACILITY NAME: Bewlesnick Pho & Crepes
ADDRESS: 1065 Holly St. CITY: San Carlos
OWNER:
RECORD ID: 65564 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
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#1 → Obtain Food Handler Certificate within 60 DAYS.

#27 - Raw meats in large reach in refrigeration unit & on cooks-line refrigerator need to be stored below all other cooked foods & vegitables.

#26 - Meat found thawing in preparation sink without running water (still 38-40°F). Make sure running water used if food in sink. Then prepare or move meat to refrigeration unit.

#36 - Knives, etc found being stored between equipment in kitchen. Remove utensils → clean and sanitize → keep in cleanable area (or container, etc.).

Sanitizer (Dishwash & wiping rags) - ok
Cold hold 41°F & below - ok Hot hold over 135°F - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: Ken Li TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) [illegible]

DATE: 8/4/10 | PAGE of

INSPECTION TYPE	STATUS
☐ ROUTINE	■ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
■ OTHER 17	☐ 54 POOR
REINSPECTION DATE: 21 days	☐ 55 CLOSURE

FACILITY NAME: Mediterranean Delite

ADDRESS: 1620 El Camino Real CITY: San Carlos

OWNER:

RECORD ID: 29370 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

* complaint received in our office regarding a dog in your facility. Note: Dog found at facility, but kept outside in small open cage - Not a problem at this time.

#38 - Toilet room exhaust fan found covered with light. Repair so that fan works.

#43 - Restroom doors need to be self-closing. Install self closing devices.

#38 - Provide shatterproof light sleeves or covers to lights in kitchen & back preparation room (Found missing.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: Nazih Mukhar TITLE: Manager

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 9/21/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 Days	☐ 55 CLOSURE

FACILITY NAME: New York Pizza & Pasta
ADDRESS: 1340 El Camino Real CITY: San Carlos
OWNER: Luis Guzman RECORD ID: 63624 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#30- Pizza boxes found stored on floor in back room. Store 6" minimum off flooring.

#43- Repair broken restroom "Self closing device" for door. (found broken).

#47- Post handwash sign in restroom (non-found). Also, kitchen handwash sink.

#45- Clean floor area under & behind washer/dryer machines

#45- Clean floor area under and along wall/floor junctions of prep. table next to back walk-in cooler unit. (Food build up)

#41 Walk-in cooler fan unit (Pan) found to be leaking (Bus tub underneath catching rusty water) Repair unit leaks.

#33- Clean mold build-up from around mop sink.

#39- Provide accurate, easily readable thermometer to pizza prep refrigerator. Keep in front area of refrigerator for monitoring.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Marlene Durar PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 9/21/10 | PAGE 1 of 2

INSPECTION TYPE	STATUS
☐ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☒ OTHER 14	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Thomas John Events

ADDRESS: 1336 El Camino Real CITY: San Carlos

OWNER:

RECORD ID: 850 P/E 1681

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures					/		19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding		/	/				23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

Food Served. Beef, Chicken, BBQ pork, Risotto cakes (mushroom)
Beef short ribs, Mahi Mahi.
Event started @ 5:30 - food served @ 7:00 pm. (700 people)
* Started prep. for event on Tuesday for Saturday event.
* Extra refrigeration used for event.
* Chef has food prep. surfaces cleaned & sanitized between each food type prepared.
* Shallow metal pans used to cool food in walk in (uncovered til cool).
Recommendation: When preparing large amounts of food, prepare small managable portions at a time. (according to chef 2-2½ hrs. is max. amount of time food out being prepared). Make sure employees wash hands constantly between prep. & other activities.
* Copy of menu obtained from chef.
Refrigeration: Reach-in 34-36°F, Walk-in 39°F - OK
Handwash station - OK No sick employees during last week.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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San Mateo County Environmental Health Services Division
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DATE: 9/21/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 2 Days	☐ 55 CLOSURE

FACILITY NAME: Round Table Pizza
ADDRESS: 1324 El Camino Real CITY: San Carlos
OWNER:
RECORD ID: 40034 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	X	/	/			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		/					19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#38 - Repair light in walk-in cooler. Found not working
14 - Clean grinder/cutting machine (Used for mushrooms etc.). Found to have food build-up. Clean & sanitize daily or after each use.
#45 - Floors under shelving in walk-in cooler needs cleaning. (Food found accumulating)
33 - Clean pans on shelf next to dishwasher (found dirty).
#7 - Keep lids on pizza toppings between making pizza. Some toppings found at 44°F.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: | PRINT: MING GO | TITLE:

SPECIALIST: Brent Guier | PHONE: 372-6251

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(650) 372-6200 [illegible]

DATE: 9/21/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☑ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 Days	☐ 55 CLOSURE

FACILITY NAME: Thai Time

ADDRESS: 1240 El Camino Real CITY: San Carlos

OWNER: RECORD ID: 812 P/F 625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	Comp	/				
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		/					19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records							20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals		/	/			
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#23 - Signs of rodents (droppings) found in dry storage room outside back door. #44 The door to the dry storage room has a large gap at the bottom, allowing access of rodents. Seal the gap so that it is less than 1/4 inch to prevent rodent entry.
(33) Remove food products from shelving, clean & sanitize shelves and storage containers & food can go back once gap in bottom of door fixed. Note: No food containers appear to have been penetrated by rodents.
#7 - Tofu on cooks line found in plastic insert at 47-48 °F. Place in cooler immediately and transfer to metal container. Do not use plastic insert. The metal inserts that all the other foods are in work much better at keeping food cold (<41 °F)
#92 See VC&D Form. (Alcohol at bar with flies inside)
#13 Contaminated alcohol in bar found. (Fly infested)
* Provide screened pour spouts or covered spouts to open bottles.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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San Mateo County Environmental Health Services Division
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DATE: 8/4/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Ingleside Cafe
ADDRESS: 920 El Camino Real CITY: San Carlos
OWNER:
RECORD ID: 809 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	✓						13	Food in good condition, safe and unadultered	✓					
2	Disease reporting, restrictions & exclusions	✓						14	Food contact surfaces; clean and sanitized	✓					
3	Discharge from eyes, nose, and mouth	✓						15	Food obtained from approved sources	✓					
4	Proper employee habits	✓						16	Compliance with shell stock tags, display						✓
5	Proper hand washing/glove use	✓						17	Compliance with Gulf Oyster regulations						✓
6	Adequate hand washing facilities supplied	✓						18	Compliance with variance & HACCP Plan						✓
7	Proper hot and cold holding temperatures	✓						19	Raw or undercooked food advisory						✓
8	Time as public health control; procedures & records						✓	20	Licensed health care facilities/schools						✓
9	Proper cooling methods	✓						21	Hot and cold water availability	✓					
10	Proper cooking time and temperatures	✓						22	Sewage and wastewater properly disposed	✓					
11	Proper reheating procedures for hot holding					✓		23	No vermin, insects, birds, or animals	✓					
12	Returned and re-service of food					✓		55	Storm Water (www.flowstobay.org/food)	✓					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#30 - Store potatoes off floor. (found in dry storage on flooring)

Dishwash - ok Sanitizing - ok Handwash - ok
Hot & Cold temperatures - ok bathrooms - ok
Raw meat storage - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: A. [illegible] PRINT: TITLE:

SPECIALIST: Brent Grier PHONE: 372-6251

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DATE: 7/29/10 | PAGE of

INSPECTION TYPE	STATUS
☐ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☒ OTHER 17	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Subway
ADDRESS: 744 El Camino Real CITY: San Carlos
OWNER:
RECORD ID: 48256 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods					/		21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

Inspection due to complaint regarding cockroaches. (No signs of cockroach activity).

#45 Floor areas under and behind equipment need cleaning better. Food/trash build-up found. (3 days to clean).

Cold hold (36-40°F): Below 41°F - ok
Hot hold (138-151°F): Above 135°F - ok
Walk-in cooler below 41°F - ok

Food handler Cert: Expires 2/27/2014 - ok

~~Terminex Pest Control~~

* Post Report *

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X Jairo Cisneros PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 9/26/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: McDonalds

ADDRESS: 180 El Camino Real CITY: San Carlos

OWNER:

RECORD ID: 547/42343 P/E: 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/	M					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#45 - Floor areas under and behind equipment, shelves, in back area of facility have trash build-up. Clean these areas within 48 hours.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: EVA MEDIA TITLE: STORE MANAGER

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 8/4/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 2+ Days	☐ 55 CLOSURE

FACILITY NAME: Kabul Afghan Cuisine
ADDRESS: 135 El Camino Real CITY: San Carlos
OWNER: RECORD ID: 2529 PE: 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		/				
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods					/		21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding							23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food							55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#14 - Mold found inside of ice machine. Clean & sanitize. Keep clean. (24 hours to fix).

#27 - Raw meat in walk-in cooler found scattered around on shelves. Make sure you store all raw meats on bottom shelves, below & away from vegitables, cooked food, etc (24 Hours)

#30 - Store all produce boxes off floor. (Squash found on floor. (24 Hours).

Food certification: Abdul Rahimi: Expires 5/27/14

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: ABDUL H. RAHIMI TITLE: 8/4/10

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 372-6234 www.smcenvironmentalhealth.com

DATE: 8/4/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 24 HR	☐ 55 CLOSURE

FACILITY NAME: The Omlette House
ADDRESS: 66 El Camino Real CITY: San Carlos
OWNER: RECORD ID: 800 P/E

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		/	/			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#14 - Dishwasher found not sanitizing. Dishwash service to be called today by owner. Manual wash with bleach to be done until unit fixed.

I will re-inspect tomorrow for compliance. Contact me at 372-6251 if repairs cannot be done by tomorrow am.!

Hot & cold hold - OK
Raw meat storage - OK
cooling in shallow metal pans - OK
handwash - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 372-6250, http://www.smchealth.org/ehs

DATE: 8/4/10	PAGE of
INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Kaya

ADDRESS: 39 El Camino Real CITY: San Carlos

OWNER: RECORD ID: 49904 P/E: 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	NAA	/					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#6 - Replace broken soap dispenser in kitchen at handwash sink - (Pump soap being used until fixed).
- soap dispenser leaks from bottom back corner -

Hot & cold hold - good - Raw meat storage - good
Sanitizing cloths & dishwash - good Restrooms - good
No cross-contamination issues noted @ this time - ok

Food handler Cert: Sarah Chun: Expires 8/14/11 - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) [illegible]

DATE: 8/4/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Jersey Joes Hoagies

ADDRESS: 21 El Camino Real CITY: San Carlos

OWNER:

RECORD ID: 34200 (42443) P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		/				
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#14 - Small amount of mold building up inside top of ice machine. Clean & sanitize. Keep clean (24 HRS)

Hot & cold temps - OK
Produce & raw meats seperated in walk-in - OK
Hand wash - OK
Hood systems - OK Dishwash sanitizer - OK
Food handler Certification: Donald Godshall Expires 8/17/2011 - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: T Godshall PRINT: TITLE:

SPECIALIST: Brent Goier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 8/13/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: San Mateo County Transit | SITE ADDRESS: 501 Pico

CONTACT NAME: Al Gamlli | PHONE: 508 6200 | BUSINESS TYPE/ACTIVITY: Bus Maintenance | SIC:

Is the property owner different than the facility owner? ☐ yes ☑ no If yes, complete the following: ☐ High Priority Facility
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☑ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☑ General: Does the facility have a SWPPP? ☑ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas	/				☐
C. Outdoor Waste Storage/Disposal Areas	/				☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		2	0		☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	/				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☑ no

~~Report being written~~ SWPPP being revised

Send annual report copy to County - electronic preferred, unavailable for inspect.

No violations observed

7 stage separator onsite - all area drains into

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action ☐ Warning Notice

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Facility Representative: [signature] Inspector: M. Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: [illegible] ☐ Unincorporated

Date: 8/16/10 Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY [illegible] | SITE ADDRESS [illegible]

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
[illegible]	[illegible]	[illegible]	

Is the property owner different than the facility owner? ☐ yes ☑ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	✓				☐
B. Outdoor Material Storage Areas		1	0		☐
C. Outdoor Waste Storage/Disposal Areas	✓				☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				☐
E. Outdoor Parking Areas and Access Roads	✓				☐
F. Outdoor Wash Areas	✓				☐
G. Rooftop Equipment	✓				☐
H. Outdoor Drainage from Indoor Areas					☐
I. Other (describe):	✓				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violation observed

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☑ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: M Tuell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 7/2/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☑ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Isis II | SITE ADDRESS: 1031 Bing St

CONTACT NAME: Jennie Dulhulos | PHONE: 510-704-0140 | BUSINESS TYPE/ACTIVITY: Biz R&D | SIC:

Is the property owner different than the facility owner? ☐ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas		1	0		☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐ non-haz only
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	/				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed - all washing activities occur inside

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action ☐ Warning Notice

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Facility Representative: [signature] Inspector: M. Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water, Healthy Community

City: [illegible] ☐ Unincorporated

Date: [illegible] Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY	SITE ADDRESS
[illegible]	[illegible]

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
[illegible]	[illegible]	[illegible]	

Is the property owner different than the facility owner? ☑ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas	/				☐
C. Outdoor Waste Storage/Disposal Areas	/				☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	/				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violation observed

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☐ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: Inspector: M Todd

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 7/29/10 Time:

☑ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Kelly-Moore Paint | SITE ADDRESS: 1015 Commercial

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Jared Bailey	592-8337	Paint manuf.	

Is the property owner different than the facility owner? ☐ yes ☐ no Have complaints been received? ☐ yes ☐ no ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☑ General: Does the facility have a SWPPP? ☑ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas		1	0		☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	/				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed. 09/10 annual report received

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: Jared Bailey Inspector: M. Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 9-17-10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Justin's 76 | SITE ADDRESS: 90 El Camino Real

CONTACT NAME: Gus Gallo | PHONE: 595-2600 | BUSINESS TYPE/ACTIVITY: Gas Station | SIC:

Is the property owner different than the facility owner? ☐ yes ☑ no If yes, complete the following: ☐ High Priority Facility
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☑ Air quality ☑ Hazmat business plan ☑ Underground storage tanks ☐ Above ground storage tanks
☑ Fire department(hazmat storage) ☑ Hazmat waste generator ☑ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas	/				☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas	/				☐
I. Other (describe): vehicle fueling		1	0		☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed - parking & fueling areas appear maintained

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action
☐ Warning Notice

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Facility Representative: [signature] Inspector: M Terrill

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: [illegible] ☐ Unincorporated

Date: [illegible] Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY [illegible] | SITE ADDRESS [illegible]

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
[illegible]	[illegible]	[illegible]	

Is the property owner different than the facility owner? ☑ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	✓				☐
B. Outdoor Material Storage Areas	✓				☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	✓				☐
G. Rooftop Equipment	✓				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	✓				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

[illegible]

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: [signature]

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 3/11/10 Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Perfect Lube | SITE ADDRESS: 1112 El Camino Real

CONTACT NAME: Rell: Menendez | PHONE: 713-9223 | BUSINESS TYPE/ACTIVITY: Oil Changes | SIC:

Is the property owner different than the facility owner? ☑ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas	/				☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas		2	0		☐
I. Other (describe):	/				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

Do water based

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: Inspector: M Tonell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 7/12/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: San Carlos City Hall | SITE ADDRESS: 600 Elm St

CONTACT NAME: Pat Thomson | PHONE: 802-4100 | BUSINESS TYPE/ACTIVITY: [illegible] | SIC:

☐ High Priority Facility

Is the property owner different than the facility owner? ☐ yes ☐ no If yes, complete the following:
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas		1	0		☐
C. Outdoor Waste Storage/Disposal Areas	/				☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads	/				☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas	/				☐
I. Other (describe):	/				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: M Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: _____ ☐ Unincorporated

Date: 2/26/10 Time: _____

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY [illegible] | SITE ADDRESS [illegible]

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Tom [illegible]	[illegible]		

Is the property owner different than the facility owner? ☐ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☑ Above ground storage tanks

☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas		1	0		☐
C. Outdoor Waste Storage/Disposal Areas		2	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		2	0		☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):					☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

[illegible]

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: [signature]

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: [illegible] ☐ Unincorporated

Date: 7/2/10 Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY [illegible] | SITE ADDRESS [illegible]

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Sandra Jamme	650-[illegible]	[illegible]	

Is the property owner different than the facility owner? ☐ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas	/				☐
C. Outdoor Waste Storage/Disposal Areas	/				☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe): garden		1	0		☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action ☐ Warning Notice

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Facility Representative: [illegible] Inspector: M. Tran

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community

City: [illegible] ☐ Unincorporated

Date: [illegible] Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY [illegible] | SITE ADDRESS [illegible]

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
John [illegible]	[illegible]	[illegible]	

Is the property owner different than the facility owner? ☑ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	✓				☐
B. Outdoor Material Storage Areas	✓				☐
C. Outdoor Waste Storage/Disposal Areas	✓				☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				☐
E. Outdoor Parking Areas and Access Roads	✓				☐ [illegible]
F. Outdoor Wash Areas	✓				☐
G. Rooftop Equipment	✓				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	✓				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No [illegible]

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☑ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: M Tan

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 7/14/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Performex Machining | SITE ADDRESS: 963 Terminal Way

CONTACT NAME: Joe Ifsla | PHONE: 595-2228 | BUSINESS TYPE/ACTIVITY: machine shop | SIC: | ☐ High Priority Facility

Is the property owner different than the facility owner? ☐ yes ☑ no If yes, complete the following:
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	✓				☐
B. Outdoor Material Storage Areas		1	0		☐ covered
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	✓				☐
G. Rooftop Equipment	✓				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	✓				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action
☐ Warning Notice

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Facility Representative: [signature] 7-14-10 Inspector: M Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 3/27/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: SBSA - San Carlos | SITE ADDRESS: 150 Monte Vista

CONTACT NAME: Norm Domingo | PHONE: 594-7950 | BUSINESS TYPE/ACTIVITY: Gas station | SIC:

Is the property owner different than the facility owner? ☐ yes ☑ no If yes, complete the following: ☐ High Priority Facility
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☑ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	✓				☐
B. Outdoor Material Storage Areas	✓				☐
C. Outdoor Waste Storage/Disposal Areas	✓				☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	✓				☐
G. Rooftop Equipment	✓				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	✓				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed - haz mat within bldg or secondary containment

☐ See attached for more comments. 2L

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☑ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: Momuso Inspector: M Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 9/27/10 Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Industrial Plating Co. Inc. | SITE ADDRESS: 502 American St.

CONTACT NAME | PHONE 650 593-1046 | BUSINESS TYPE/ACTIVITY: Plating Shop | SIC

Is the property owner different than the facility owner? ☐ yes ☒ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas		1	0		☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas	/				☐
I. Other (describe):	/				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations at time of inspection.

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☒ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: S. Lowe

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 7/29/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☑ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Alliance Gas Products | SITE ADDRESS: 820 Industrial

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Juan Aguirre	593-9353	[illegible]	

Is the property owner different than the facility owner? ☑ yes ☐ no If yes, complete the following: ☐ High Priority Facility
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas					☐
B. Outdoor Material Storage Areas					☐
C. Outdoor Waste Storage/Disposal Areas					☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas					☐
E. Outdoor Parking Areas and Access Roads					☐
F. Outdoor Wash Areas					☐
G. Rooftop Equipment					☐
H. Outdoor Drainage from Indoor Areas					☐
I. Other (describe):					☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

All hazardous material stored on-site is compressed gases
facility does not pose stormwater discharge risk

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☐ 2; Second ☐ 3; Third ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action ☐ Warning Notice

L:\HAZMAT\StormWater\Insp Forms\New Logo InspForm final 1.08.doc

Facility Representative: [illegible] Inspector: M Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water, Healthy Community

City: San Carlos ☐ Unincorporated
Date: 7/28/10 Time:
☒ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☒ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Nugen Technologies | SITE ADDRESS: 201 Industrial Rd

CONTACT NAME: Kris Thorn | PHONE: 590-3600 | BUSINESS TYPE/ACTIVITY: R&D | SIC:

Is the property owner different than the facility owner? ☒ yes ☐ no If yes, complete the following: ☐ High Priority Facility
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

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NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	✓				☐
B. Outdoor Material Storage Areas		1	0		☐ diesel generator
C. Outdoor Waste Storage/Disposal Areas	✓				☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				☐
E. Outdoor Parking Areas and Access Roads	✓				☐
F. Outdoor Wash Areas	✓				☐
G. Rooftop Equipment	✓				☐
H. Outdoor Drainage from Indoor Areas	✓				☐
I. Other (describe):	✓				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☒ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☒ None ☐ Verbal Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action
☐ Warning Notice

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Facility Representative: [signature] Inspector: M Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 7/20/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: San Carlos Airport | SITE ADDRESS: 620 Airport

CONTACT NAME: Jim Wallerich | PHONE: 573-3700 | BUSINESS TYPE/ACTIVITY: | SIC:

Is the property owner different than the facility owner? ☐ yes ☑ no If yes, complete the following: ☐ High Priority Facility
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☑ General: Does the facility have a SWPPP? ☑ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
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ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	✓				☐
B. Outdoor Material Storage Areas		1	0		☐ diesel in double wall tank and containment
C. Outdoor Waste Storage/Disposal Areas		1	0		☐ double walled used oil tanks visually monitored several times/day
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas		1	0		☐
G. Rooftop Equipment	✓				☐
H. Outdoor Drainage from Indoor Areas	✓				☐
I. Other (describe):	✓				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

Stormwater plan reviewed & annual report

No violations observed

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: Inspector: M. Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 3/22/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: Holly 76 | SITE ADDRESS: 906 Holly St

CONTACT NAME: Vikram Singh | PHONE: 594-9167 | BUSINESS TYPE/ACTIVITY: [illegible] | SIC: | ☐ High Priority Facility

Is the property owner different than the facility owner? ☐ yes ☐ no If yes, complete the following:
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department(hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
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NSW = Non-Stormwater Discharge

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A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas	/				☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas	/				☐
I. Other (describe): fueling		1	1		☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

Minor sheen in drains, no evidence of release, site prone to flooding

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: M. Terrell

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 9/22/00 Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY	SITE ADDRESS
Industrial Plating Co. Inc.	563 American St.

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
	650 593-1046	Plating Shop	

Is the property owner different than the facility owner? ☐ yes ☒ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

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ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/				☐
B. Outdoor Material Storage Areas		1	0		☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	/				☐
G. Rooftop Equipment	/				☐
H. Outdoor Drainage from Indoor Areas	/				☐
I. Other (describe):	/				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations at time of inspection

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☒ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: S. Lowe

STORMWATER INSPECTIONS & VIOLATIONS SUMMARY

Municipality: San Carlos
Period Covered by this Report: October 1, 2010 through December 31, 2010
Period Covered by the Previous Report: July 1 through September 30, 2010
Date:

	Haz Mat	Food
Total Number of Inspections:	1	48
Total Number of Violations:	0	0
Total Follow-up Actions:	0	0
Total Violations Corrected:	0	0
Total Violations Pending:	0	0

NAME ADDRESS TYPE OF BUSINESS	VIOL. DATE	INSP	TYPES OF VIOLATIONS		DESCRIPTION OF VIOLATION	ENFORCEMENT ACTIONS						FOLLOW-UP ACTION	VIOLATIONS CORRECTED (YES/NO)	DATE CORRECTED
			PEX	NSW	including whether violating flow reached a creek or other waterbody, (name waterbody)	NONE	VW	WN	AA	LA				

Type of Violation
PEX Pollutant Exposure — Discharge of pollutants to stromdrain system because polltants are exposed to stormwater runoff.
NSW Non-Stormwater Discharge — Discharge of non-stormwater materials to storm drain syste. Non-stormwater discharges are allowed by STOPPP's NPDES permit as conditgionally exempted should not be identifies as a NSW violation.

Enforcement Actions
None No Action Taken
VW Verbal Warning
WN Warning Notice
IN Informal Notice
LA Legal Notice

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water, Healthy Community

City: San Carlos ☐ Unincorporated

Date: 10/27/00 Time:

☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY	SITE ADDRESS
City of San Carlos Corp Yard	1000 Bransten

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Denny Vergara	802-4140	Government	

Is the property owner different than the facility owner? ☐ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☒ Hazmat business plan ☒ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

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NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	/		/		☐
B. Outdoor Material Storage Areas	/		/		☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		2	0		☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas			/		☐
G. Rooftop Equipment	/		/		☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe): Fueling area		1	0		☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations at time of inspection

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☒ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: Inspector: S. Lowe

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
Tel: (650) 372-6200, Fax (650) 637-9444 www.smchealthenviron...

DATE: 12/1/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Pudleys
ADDRESS: 774 El Camino Real CITY: San Carlos
OWNER:
RECORD ID: 33649/46886 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits		X	X				16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use		X	X				17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods					/		21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#4 #5 - Cook observed wiping hands on clothing constantly while cooking. Make sure employees wash hands if they need cleaning. Immediate

#45 - Floor area under bar needs cleaning. (lots of food/grease build-up found). (7 DAYS)

Cold holding below 41°F - OK (33-39°F) - OK
Handwash stations - OK Dishwash - OK
Sanitized wiping cloths - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) [illegible]

DATE: 11/15/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☒ OTHER 29	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Jack In The Box
ADDRESS: 1100 El Camino Real CITY: San Carlos
OWNER:
RECORD ID: 352 R/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification		X					13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

(#1) - Food manager Certificate needs to be kept "on-site". None found at this time. Note: Manager to bring her certificate - 7 Days to comply

(#47) - Display copy of this report in public view. (Non found). (Post Today)

(#45) - Floor area under ~~so~~ shelves in walk-in cooler need cleaning (spill, etc. found). 7 Days

(#35) - Dishwasher found to be leaking. Repair is needed to stop leak (14 days).

Note New equipment installed as per our plan Reviewers instruction — OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X Mario Aguilar PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 637-9126 www.smcenvironmentalhealth.org

DATE: 11/29/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Taqueria El Maguey

ADDRESS: 1065 Holly CITY: San Carlos

OWNER:

RECORD ID: 2271/39497 P/E 624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

No cross contamination issues noted - OK
Sanitizer & wiping cloths - OK
Hot hold 146-157°F - OK Cooling in metal containers - OK
Cold hold 37-40°F - OK Restroom - OK Handwash - OK

Note: Complied with last report sneeze guard protection for salsa bar - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Jose L. Flores PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 637-9244 www.smcgov.org/ehs

DATE: 11/1/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 14 DAYS	☐ 55 CLOSURE

FACILITY NAME: Seven Eleven

ADDRESS: 1080 Holly CITY: San Carlos

OWNER:

RECORD ID: 820/32968/~~14338~~ 42366 P/E 1613

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		X					19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#7 - Coffee creamers found un-refrigerated on self-service counter. (Employee iced down during inspection.) Note: Previous ice mated. Keep iced to below 41°F.

#45 - Clean Floors under back room refrigeration. Found with lots of trash build-up.

#44 Back, side door needs to have base of door rodent-proof. Stripping at base of door to keep opening less than 1/4 inch is needed

Hot hold over 135°F - OK

Tobacco Permit - OK (Product behind counter) - OK
Stormwater Permit - No problems noted

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	San Cafe	Date	12/20/10
Address	960 Industrial	City	San Carlos
Owner		Record ID	795/42350
E-mail	P/E 1625	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	x						13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods	x						21	Hot and cold water availability	x					
10	Proper cooking time and temperatures	x						22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding	x						23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

** A COPY OF THIS REPORT MUST BE IMMEDIATELY POSTED WHERE IT IS CLEARLY VISIBLE AND AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC
See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#45 Floor area under & behind equipment needs cleaning better (Grease build up).

* No violations noted at this time (major).

Hood system - ok
Temperatures - ok (Hot & Cold hold - ok)
Chemicals seperate from food - ok
Dishwashing - ok (Chlorine Sanitizer)
Handwash (soap, paper towels, hot water) - ok
Sneez guard protection - ok

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:		PRINT: STEPHEN SIAN	TITLE: OWERS
SPECIALIST:	Brent Guier	PHONE: 372-6251	page of

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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
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DATE: 11/23/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☑ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Ninos Ristorante & Pizzeria
ADDRESS: 621 Laurel CITY: San Carlos
OWNER:
RECORD ID: 28362/42430 P/E: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered		X				
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized						
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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#27 & (13) - Food (raw meats) found in walk-in cooler with other ready to eat foods on top of raw meat (touching). Since product is packaged, seperate raw meat from other foods. (Raw meat should be on bottom shelf with other food products on shelf above or off to side to prevent any unsafe food contact or contamination) (Immediate correction) Done

* Cold hold below 41°F - ok
* Handwash stations - ok * Employees seen washing hands between tasks - ok
* Dishwash - ok Restrooms - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Edson A. Alvarez PRINT: TITLE:
SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
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DATE: 11/23/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 14 DAYS	☐ 55 CLOSURE

FACILITY NAME: The English Rose
ADDRESS: 663 Laurel CITY: San Carlos
OWNER:
RECORD ID: 1200/42374 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods		X	X				21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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Routine Inspection

#6 Provide mounted (installed) soap dispenser to restroom handwash sink (pump soap ok temporarily). 14 DAYS

#43 - Provide restroom door with "self-closing" device. (ie. spring hinge, arm, etc.) Non-found. 14 Days

#39 - Provide easily readable thermometer to deli-type refrigeration unit to constantly monitor temperature. Keep below 41°F. 7 DAYS

#9 - Found facility cooling potentially hazardous foods (ie. soup, chicken w/ stock, etc.) in large plastic containers (not out of temperature at this time). * Make sure all potentially hazardous foods are cooled in your shallow metal pans. Do not cover food until cooled down in walk-in cooler first. (START NOW)

#45 Floor around grease trap, next to dishwash area needs cleaning. Food/etc. build-up found. 7 DAYS

#33 Deli-refrigeration unit has food build-up in back/inside area. 7 DAYS

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X Ramon H PRINT: TITLE: Keep clean

SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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San Mateo County Environmental Health Services Division
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DATE: 11/10/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Speederia Pizzeria

ADDRESS: 711 Laurel CITY: San Carlos

OWNER: RECORD ID: 44423 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
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5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
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8	Time as public health control; procedures & records	/						20	Licensed health care facilities/schools						/
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11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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#29 - Label chemical spray bottles as to their content. (Found not labeled)

* Time logs kept for pizza - discarded after 4 HRS. - OK

Employees seen washing hands - OK
Hot & cold water - OK

Temperatures - OK Cold hold under 41°F - OK
Handwash station - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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DATE: 10/6/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Pilita Mediterranean Grill
ADDRESS: 680 Laurel CITY: San Carlos
OWNER: RECORD ID: 1202 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
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#38 Replace missing light covers above kitchen area or provide lights with shatter proof sleeves. 7 DAYS
#33 Clean front of cooking equipment on cooking line. Keep clean. 2 DAYS
#33 Clean front & sides of both small refrigeration units in kitchen. 2 DAYS
#35 Cutting board on refrigeration unit found to be dis-colored & have excess grooves from much use. Replace with new cutting board. 7 Days

Shell stock tags kept - OK Handwash station - OK
Employees washing hands constanly & using utensils - OK
Restrooms - OK Cold hold below 41°F - OK
Raw Meats stored under other foods - OK Sanitizing cloths, bucket & dishwash - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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SPECIALIST: Brant Guier PHONE: 372-6251

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DATE: 11/10/10	PAGE of
INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☒ 54 POOR
REINSPECTION DATE: 7DAYS	☐ 55 CLOSURE

FACILITY NAME: Donut Delite

ADDRESS: 749 Laurel CITY: San Carlos

OWNER:

RECORD ID: 2602 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits		X					16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use		X	X				17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X	X				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
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11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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(#5) Employees cannot wash hands properly until #6 items are corrected.

(#6) Provide mounted soap dispenser to restroom handwash sink (pump soap ok for temporary until dispenser installed). 7 days to install

(#4) - Employees need to keep handwash sinks supplied with soap & paper towels

(#43) Provide "self closing" device to restroom door. (Door needs to close by itself.) 14 days

(#6) Replace soap dispenser in front service area at handwash sink. Found broken & out of soap. Use pump soap until repaired. 7 days

(#6) No paper towels found in kitchen handwash dispenser. (Keep stocked) today.

(#6) Handwash soap dispenser in back kitchen not dispensing soap. Obtain new dispenser. Use pump soap temporarily.

Note: Not cooking donuts at this time. Donuts being supplied by San Mateo Donut Delite.

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SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 11/15/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Kikka e Bianchini

ADDRESS: 810 Laurel CITY: San Carlos

OWNER: RECORD ID: 46313 P/E 1623

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
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8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
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10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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Sushi Bar

* Display cold holding under 41°F (actual 37°F-40°F) - OK
* Cold hold in Walk-in cooler under 41°F (38°F) - OK
* thawing fish in walk-in cooler - ok.

Note: Complied with previous routine inspection for Food Handler Certificate. - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Copy Left e Posted area. (employee left). PRINT: TITLE:

SPECIALIST: BRENT GUTER PHONE: 372-6251

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DATE: 10/25/10 | PAGE 1 of 2

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: New Flower Drum
ADDRESS: 1109 Laurel CITY: San Carlos
OWNER:
RECORD ID: 1554 P/E: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		X	X			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X	X				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

(#6) Provide soap dispenser (mounted) to restroom handwash sink. (Pump soap ok temporary). 7 Days

(#6) Provide soap & paper towels to kitchen sink for handwash (Pump soap ok temporary). 7 Days

(#14) & (#40) - Food contact surfaces in back kitchen not being sanitized. Provide sanitizer solution for wiping rags (non found). Sanitize surfaces between use. Done during inspection.

(#14) & (#40) - Food contact surfaces in front kitchen area not being sanitized. Provide sanitizer solution for wiping rags (non-found). (Done during inspection).

(#33) clean outside & top of equipment in back kitchen area. Food/grease build-up found. 7 Days

(#45) Floors under equipment in back kitchen need cleaning. Food/grease build-up found. (#45) Floors under front kitchen equipment need cleaning (grease/Food build-up found). 7 Days

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 [illegible]

DATE: 10/25/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☑ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Rumi Restaurant
ADDRESS: 1179 Laurel CITY: San Carlos
OWNER: RECORD ID: 52440 P/E: 6-24

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification		X					13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		X	X			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory		X				
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#1 Maintain copy of food handler certificate at facility. (Non found) 7 Days

#14 & #40 - Maintain sanitized wiping cloths for sanitizing food contact surfaces. Set up solution prior to daily operation. Change solution every 2-4 Hrs. (Done during inspection)

#19 Menu needs to have raw ingredient notification to customer that ceaser dressing contains raw eggs. 7 Days. No warning found on menu.

Raw meat storage in walk in - good
Dishwasher sanitizer - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guler PHONE: 372-6251

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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 637-9244 www.smcehealthenviron.org

DATE: 12/20/10 PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 2 WKS	☐ 55 CLOSURE

FACILITY NAME: La Hacienda

ADDRESS: 1377 Laurel CITY: San Carlos

OWNER:

RECORD ID: 1212/42383 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

(30) - Onions, rise, carrots, etc. found on floor in back storage room. Store food items off floor. (24 HRS)
(6) - Soap dispenser in back restroom needs replacing or repair (Temporary pump soap being used). (7 DAYS)
(43) - Restroom door to back restroom needs to be self-closing. Install self closing device on door (ie springed hinge, etc.).
(6) - Mounted soap dispenser needed in front restroom (Pump soap used temporarily) (7 DAYS)
(27) - Meat in back kitchen refrigeration unit found stored over vegitables. Store all raw meats below other foods. (Today)

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: Cristobal Ramirez TITLE: Owner

SPECIALIST: BRENT GUTTER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 [illegible]

DATE: 11/1/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Lucky

ADDRESS: 1133 Old County Rd. CITY: San Carlos

OWNER:

RECORD ID: 46316 P/E 1665

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures						/	22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

Grocery / Produce

- No violations noted at this time -

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
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DATE: 11/1/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Rice Garden
ADDRESS: 1133 Old County Rd. CITY: San Carlos
OWNER:
RECORD ID: 33697/42440 P/E 1623

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

- sanitizer - OK
- Raw meats stored below other foods - OK
- Hot hold over 135°F (143-161°F). - OK
- Cold hold below 41°F - OK
- General cleaning - OK
- Dishwash sink sanitizer - OK

Food handler Cert.
Chiu Wai Lee 4/7/2015 (Expires) - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Chiu Wai L. PRINT: TITLE:
SPECIALIST: BRENT GUIER PHONE: 372-6251

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San Mateo County Environmental Health Services Division
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(650) 372-6200 Fax (650) 372-6250 http://www.smchealth.org/ehs

DATE: 10/19/10 | PAGE 1 of 1

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Sky Kitchen
ADDRESS: 620 Airport CITY: San Carlos
OWNER: Siner Mann RECORD ID: (65132) P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification		/					13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods					/		21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

66133

New Owner:

#1 New owner signed up for Food handler course 11/2/10 - OK

* No changes in equipment

Note: All violations from old owner have been corrected, No new violation noted.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X SMann PRINT: TITLE:

SPECIALIST: Brent GUIER PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 573-9732 www.smcgov.org/ehs

DATE: 10/4/10 | PAGE 1 of 2

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: (7 Days)	☐ 55 CLOSURE

FACILITY NAME: Sky Kitchen
ADDRESS: 620 Airport CITY: San Carlos
OWNER: RECORD ID: 794 P/E: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification		X					13	Food in good condition, safe and unadulterated	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	X	X				
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		X					19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

42349
02 mar

#7 Food in walk-in found at 46-48°F. Adjust thermostat to below 41°F immediately. If this does not work, move potentially hazardous food to other refrigeration units. Note: Unit open alot in am for food prep. Recommend keeping temp. below 41°F a few degrees to maintain temp. below 41°F when walk-in use is heavy. (Correct within hour).

#27 Raw Meat in Walk-in cooler found stored above produce, etc. Store all raw meats on bottom shelf to prevent cross-contamination (i.e. dripping juices, etc. to food below) (Correct Today)

#14 The ice machine has mold inside (upper area) and around door & seals. Clean & sanitize and keep clean. (72 HRS)

#27 Raw Meats in cooks line refrigeration unit found stored above other foods. Store raw meat on bottom shelf. (correct today).

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Marilyn Riley PRINT: Marilyn Riley TITLE:
SPECIALIST: BRENT GUIER PHONE: 372-6251

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San Mateo County Environmental Health Services Division
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DATE: 10/26/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Zest Bakery
ADDRESS: 1226 Arroyo CITY: San Carlos
OWNER:
RECORD ID: 63232 P/E 1651

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 63971

#(27) - Food samples found out on counter for customers. Samples need to be kept behind counter & handed to customer or kept under sneeze guard with tongs.

Note: • cold hold below 41°F - OK
• Chemicals stored away from food products - OK
• Handwash stations (3) - OK
• Floors / walls - OK • Janitorial sink - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Cressy Tylansky PRINT: CRESSY TYLANSKY TITLE: EMPLOYEE
SPECIALIST: BRENT GUIER PHONE: 372-6251

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DATE: 10/19/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Ganko Sushi Fast Food

ADDRESS: 1131 Cherry CITY: San Carlos

OWNER: RECORD ID: 766 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42348

– No problems noted at this time –

- Cold hold below 41°F – OK
- Soup over 135°F – OK
- Handwash – OK Restroom – OK
- Sanitizer – OK – Chemicals stored away from food – OK
- Floors/walls – OK – No cross-contamination issues noted – OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: LISA SHIMIZU TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 637-3444 www.smhealth/envhlth

DATE: 10/27/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Devonshire Little Store

ADDRESS: 20 Devonshire CITY: San Carlos

OWNER: RECORD ID: 799 PE 1612

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X	X				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures						/	22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42351

#6 - Provide a mounted soap dispenser to kitchen sink for handwashing (Pump soap ok - temporary)
#6 - Maintain paper towels at kitchen dispenser. (Non Found) (correct today) ok - corrected.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 622-8244 / www.smcehs.com

DATE: 10/13/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 DAYS	☐ 55 CLOSURE

FACILITY NAME: Creola Bistro

ADDRESS: 344 El Camino Real CITY: San Carlos

OWNER:

RECORD ID: 2395 PE: 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered		X	X			
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/	X				
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		X	X				19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#2398

#7 - Sausage in hot holding unit on cooks line found at 119°F. All other foods above 135°F. Reheat to 165°F and place in metal insert (Found in plastic insert) (Note: Sausage prepared less than 2 HRS ago). Maintain above 135°F at all times. (Immediate correction)

#13 #27 Bowl of food found stored below handwash sink. Do not prepare or store any open foods below or next to handwash sink to protect food from contamination. (Immediate Correction)

#6 Replace missing soap dispenser to handwash sink in kitchen (Note: temporary soap available until new dispenser is mounted). 7 Days to comply.

#33 - Pipes behind walk-in cooler have mold buildup. Clean & Sanitize.

#34 - clean mold build-up inside ice maker.

#45 - Clean mold buid-up on walls in walk-in cooler.

#29 - Chemicals (ie. lighter fluid) found on shelves with food. Keep below or in seperate area from food product.

Cooling methods - ok

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SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 637-9344, www.smcehd.org/envhealth

DATE: 11/16/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 14 Days	☐ 55 CLOSURE

FACILITY NAME: The New Patio

ADDRESS: 552 El Camino Real CITY: San Carlos

OWNER:

RECORD ID: 802 P/E: 7624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures						/	19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42354

#35 Floor of kitchen refrigeration unit deteriorated. Repair floor of unit so that it is easily cleanable, non-absorbent.

38 Provide shatterproof light sleeves to lights over kitchen area (No cover or sleeves found on lights)

#45 Repair ceiling area above hood area in kitchen. (Where paint is falling off)

Cold hold below 41°F - OK

Note: Some cooking on the week-ends. Necessary equipment in kitchen - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax: (650) 637-9126 http://ehs.smcgov.org

DATE: 11/ | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: The Depot Cafe
ADDRESS: 599 El Camino Real CITY: San Carlos
OWNER: RECORD ID: 757 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification		X					13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		X	X			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits		X					16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42347

#1 - Obtain current food handler certificate. The certificate for this facility expired in September, 2010. (60 Days to obtain)

#14 & 40 - Wiping cloths in kitchen found with no sanitizer. Keep sanitizer solution in kitchen/cook area for cook to sanitize food contact surfaces. (corrected on site).

#27 Raw meat found stored on same tray as ready to eat meat. Store raw meat on bottom shelves, below other foods (corrected on site)

#4 - Ice scoop needed for ice machine. Cup found being used (No hand contact with ice allowed) (48 HRS)

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X M Novisch PRINT: TITLE:
SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 637-9126 www.smcenvironmentalhealth.org

DATE: 10/19/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☑ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Henry's Garden Restaurant
ADDRESS: 1050 El Camino Real CITY: San Carlos
OWNER: RECORD ID: 811 PE: 6625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		X	X			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits		X	X				16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use		X	X				17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 45917

#4 #5 - Employees seen cleaning hands on rags (without sanitizer). Make sure employees wash hands in sink with soap & paper towels. Do not use rags. (corrected during inspection).
#14 Wiping rags found without sanitizer. No container found
#40 with sanitizer. Cutting boards, etc. need to be sanitized with sanitized wiping rags. (corrected during inspection)
#26 Chicken found thawing in sink (frozen). Thaw all potentially hazardous foods in refrigerator or under running water. (corrected during inspection)
#35 Knife holder found (wood block) that cannot be kept clean! Remove from facility. (48 HRS)
#45 Clean mold from wall behind dishwasher & repair as needed.
#45 Clean ceiling where make-up air has discharged grease.
#45 Clean walls where make-up air has left grease, etc. (7 DAYS)

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X Henry J. Wu PRINT: HENRY WU TITLE: owner

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 627-8166 www.smchealth.org/ehs

DATE: 11/3/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☒ OTHER 22	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Holly Petroleum
ADDRESS: 907 Holly CITY: San Carlos
OWNER:
RECORD ID: 32967 / 359 P/E 1612

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification						/	13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized						/
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures						/	22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

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IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

4108

#27- Make sure all chemicals are stored below all food products (ie. "409" over food in customer area). corrected during inspection - ok

Tobacco Permit - ok Product behind counter - ok

Note: All pre-packaged food products. No food preparation - ok

Note: No recall food items found ("Mucho Sabor" brand found only (ie. chili chick peas & chili lima beans)

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SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Novartis	Date	12/20/10
Address	150 Industrial	City	San Carlos
Owner		Record ID	57819
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	X					X	13	Food in good condition, safe and unadulterated	X					
2	Disease reporting, restrictions & exclusions	X						14	Food contact surfaces; clean and sanitized	X					
3	Discharge from eyes, nose, and mouth	X						15	Food obtained from approved sources	X					
4	Sanitary employee habits	X						16	Compliance with shell stock tags, display	X					
5	Proper hand washing, glove use	X						17	Compliance with Gulf Oyster regulations						X
6	Adequate hand washing facilities supplied	X						18	Compliance with variance & HACCP Plan						X
7	Proper hot and cold holding temperatures	X						19	Raw or undercooked food advisory						X
8	Time as public health control; procedures & records						X	20	Licensed health care facilities, schools						X
9	Proper cooling methods						X	21	Hot and cold water availability	X					
10	Proper cooking time and temperatures						X	22	Sewage and wastewater properly disposed	X					
11	Proper reheating procedures for hot holding	X						23	No vermin, insects, birds, or animals	X					
12	Returned and re-service of food					X		55	Storm Water (www.flowstobay.org/food)	X					

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No food prep at this site. Hot & Cold only holding.
- Hot hold over 135°F - OK
- Cold hold below 41°F - OK
- Handwash station - OK
- Lunch served 11:30-1:30. (2 HR).

FA 03093
FA 4513
PR 58759
(H.M. 2nd)
FA 40347

Guckenheimer (Electronic Arts) in Redwood City keeps shellfish tags (where food is produced.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X [signature]	PRINT:	TITLE:
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of

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FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Starbucks Coffee	Date	12/20/10
Address	1135 Industrial	City	San Carlos
Owner		Record ID	53583
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	X					
2	Disease reporting, restrictions & exclusions	X					
3	Discharge from eyes, nose, and mouth	X					
4	Sanitary employee habits	X					
5	Proper hand washing, glove use	X					
6	Adequate hand washing facilities supplied	X					
7	Proper hot and cold holding temperatures	X					
8	Time as public health control; procedures & records						X
9	Proper cooling methods						X
10	Proper cooking time and temperatures	X					X
11	Proper reheating procedures for hot holding	X					
12	Returned and re-service of food					X	

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
13	Food in good condition, safe and unadulterated	X					
14	Food contact surfaces; clean and sanitized	X					
15	Food obtained from approved sources	X					
16	Compliance with shell stock tags, display						X
17	Compliance with Gulf Oyster regulations						X
18	Compliance with variance & HACCP Plan						X
19	Raw or undercooked food advisory						X
20	Licensed health care facilities, schools						X
21	Hot and cold water availability	X					
22	Sewage and wastewater properly disposed	X					
23	No vermin, insects, birds, or animals	X					
55	Storm Water (www.flowstobay.org/food)	X					

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5941

- Cold holding below 41°F - ok
- Sanitizer - ok Wiping cloths sanitized - ok
- Restrooms - ok
- Handwash stations w/ hot & cold water, soap, paper towels.) - ok
- Chemicals seperate from food items - ok
- General cleaning - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:		PRINT: P. GAGUE	TITLE: STORE MANAGER
SPECIALIST:	Brent Guier	PHONE: 372-6251	page 1 of 1

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DATE: 11/8/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 DAYS	☐ 55 CLOSURE

FACILITY NAME: Le Boulanger
ADDRESS: 622 Laurel CITY: San Carlos
OWNER:
RECORD ID: 2922 P/E: 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	✓						13	Food in good condition, safe and unadultered	✓					
2	Disease reporting, restrictions & exclusions	✓						14	Food contact surfaces; clean and sanitized	✓					
3	Discharge from eyes, nose, and mouth	✓						15	Food obtained from approved sources	✓					
4	Proper employee habits	✓	X					16	Compliance with shell stock tags, display						✓
5	Proper hand washing/glove use	✓						17	Compliance with Gulf Oyster regulations						✓
6	Adequate hand washing facilities supplied	✓						18	Compliance with variance & HACCP Plan						✓
7	Proper hot and cold holding temperatures	✓						19	Raw or undercooked food advisory						✓
8	Time as public health control; procedures & records						✓	20	Licensed health care facilities/schools						✓
9	Proper cooling methods						✓	21	Hot and cold water availability	✓					
10	Proper cooking time and temperatures	✓						22	Sewage and wastewater properly disposed	✓					
11	Proper reheating procedures for hot holding	✓						23	No vermin, insects, birds, or animals	✓					
12	Returned and re-service of food					✓		55	Storm Water (www.flowstobay.org/food)	✓					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 4242

#34 - Test strips needed to test sanitizer rinse in dishwash machine (non-found). Chlorine test strips needed. (7 DAYS)

#47 Post last inspection report in public view (non-found). (2 days)

#33 Inside of sandwich "2" deli refrigeration unit found with mold build-up. Clean & sanitize inside surfaces. (2 days)

#4 Ice scoop in ice machine needs to be stored with handle up or on holder to prevent hands from touching ice (done during inspection)

#29 Chemical bottles (spray bottles) found without proper identification. Label bottles as to their content. No labels found on spray bottles (3) (48 HRS)

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Vanessa Berumen PRINT: Vanessa Berumen TITLE: ass Manager
SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 (Service Center) [illegible]

DATE: 11/8/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Plantation Coffee Company (Roastery)
ADDRESS: 668 Laurel CITY: San Carlos
OWNER: RECORD ID: 1182 P/E: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures						/	22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42369

#6 - Pump soap found being used in restroom. Install mounted soap dispenser. (7 Days)

#6 - Pump soap found being used at main sink. Install mounted soap dispenser. (7 Days).

#30 Food & packaging material (i.e. cups & lids) found stored on floor (BOXES). Store boxes off floor. (7 Days).

43 Supply restroom door with "self-closing" device (i.e. springed hinge, etc.).

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name: Natures Cupboard | Date: 12/22/10
Address: 744 Laurel | City: San Carlos
Owner | Record ID: 940/
E-mail | P/E: 1612 | Follow-Up Date
Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						✓
2	Disease reporting, restrictions & exclusions	✓					
3	Discharge from eyes, nose, and mouth	✓					
4	Sanitary employee habits	✓					
5	Proper hand washing, glove use					✓	
6	Adequate hand washing facilities supplied	✓					
7	Proper hot and cold holding temperatures	✓					
8	Time as public health control; procedures & records						✓
9	Proper cooling methods						✓
10	Proper cooking time and temperatures						✓
11	Proper reheating procedures for hot holding						✓
12	Returned and re-service of food					✓	

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
13	Food in good condition, safe and unadulterated	✓					
14	Food contact surfaces; clean and sanitized						✓
15	Food obtained from approved sources	✓					
16	Compliance with shell stock tags, display						✓
17	Compliance with Gulf Oyster regulations						✓
18	Compliance with variance & HACCP Plan						✓
19	Raw or undercooked food advisory						✓
20	Licensed health care facilities, schools						✓
21	Hot and cold water availability	✓					
22	Sewage and wastewater properly disposed	✓					
23	No vermin, insects, birds, or animals	✓					
55	Storm Water (www.flowstobay.org/food)	✓					

** A COPY OF THIS REPORT MUST BE IMMEDIATELY POSTED WHERE IT IS CLEARLY VISIBLE AND AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC
See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

IAC+ 42367

(33)* Mold build-up found on walk-in cooler fan covers (guards). (Keep clean & sanitized)

(30)* Store food bags off floor of walk-in cooler. (bran, etc. found on floor).

Expiration dates appear – OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] | PRINT: | TITLE:
SPECIALIST: Brent Guier | PHONE: 372-6251 | page of

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 637-9444 www.smhealth.org/ehs

DATE: 11/ | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Cask wine & cheese Bar
ADDRESS: 782 Laurel CITY: San Carlos
OWNER: RECORD ID: 55023 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 59424

#29 - Spray bottles with chemicals in them need to be labeled as to their content.

#35 - CO_2 container in bar needs to be secured (i.e. chain or rope, etc.)

Cold hold below 41°f - OK
General cleaning - OK
Handwash stations - OK
Restrooms - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: Ilker Kurt TITLE: owner

SPECIALIST: Brent Guler PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
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DATE: 11/10/10 PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Cowabunga Creamery
ADDRESS: 784 Laurel CITY: San Carlos
OWNER: RECORD ID: 3051 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures						/	22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals		X	X			
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 4243

#23 Flies noted throughout facility. #44 Keep back door closed or install screen door to keep flies from getting inside facility.

#6 Supply mounted soap dispenser in restroom. (Pump soap OK on temporary basis until dispenser installed. Install within 14 Days.

Note: stickers for manual handwashing & handwash sinks in front area. provided during inspection.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: Alexandra Langston TITLE:
SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
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DATE: 11/15/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Vanilla Moon Bakery
ADDRESS: 872 Laurel CITY: San Carlos
OWNER:
RECORD ID: 54123 P/E 1651

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits		X					16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 59421

#43 - Provide "self closing" device to restroom door. Door must close by itself (ie. springed hinge, etc.)
#47 Post copy of last inspection report (this one) in public view.

Cold hold below 41°F - ok
Raw meat stored on bottom shelf of refrigerator - ok
No hot hold - ok
#35 & #4 - Have employees store ice scoop for ice machine in a clean container outside of ice machine so that hands dont have to reach into ice for handle.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: Christie Perego TITLE: Owner
SPECIALIST: BRENT GUIER PHONE: 372-6251

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SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 372-6234, www.smchealth/environ

DATE: 10/5/10 | PAGE 1 of 2

INSPECTION TYPE	STATUS
☑ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 DAYS	☐ 55 CLOSURE

FACILITY NAME: Broiler Express

ADDRESS: 895 Laurel CITY: San Carlos

OWNER: RECORD ID: 23160 P/E: 1626

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		X					19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42424

(#7) - Potentially hazardous food in drawers under grill are at 47°F. Turn down thermostat so that food stays below 41°F. If temperature does not come down, move all potentially hazardous foods to another refrigerator until repairs made on unit (correct within 1-2 HRS).

(#27) - Raw meat found stored over vegitables in walk-in cooler. Keep all raw meats on bottom shelf. (corrected at inspection)

(30) - Coffee filters found stored on floor. Keep 6" off flooring.

(33) - Fan covers and cooling unit in walk-in cooler found with mold build-up. Keep clean & sanitized.

(33) - Back area of cook-line refrigeration unit (inside) found with mold build-up. Keep clean & sanitized.

Employees noted washing hands continually - OK
Hot hold soup, beans, etc. 158-165°F - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Sarah Sandoval PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
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DATE: 11/15/10 | PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Gracies Delectables

ADDRESS: 902 Laurel CITY: San Carlos

OWNER: RECORD ID: 2304 P/E 1623

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42415

#45 Repair ceiling in back of kitchen where paint is falling off. (3 weeks)

* Cold hold below 41°F - ok
* No hot hold units - ok
* Sanitized wiping rags - ok
* Equipment clean - ok
* Restrooms - ok
* Hand wash station - ok

Food handler Certificate up to date - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Jacqueline Planzi PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
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DATE: 10/5/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: The Refuge
ADDRESS: 963 Laurel
CITY: San Carlos
OWNER:
RECORD ID: 53563
P/E: 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
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8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 59420

- No problems noted at this time -

No cross-contamination issues noted-ok
Hot hold over 135°F - ok Cold hold 41°F & below - ok
Handwash - ok (employees washing hands - good)
Raw meats stored unde (away from) other foods - ok
Thermometers & temp. logs kept - ok
Sanitizer: (dishwash - ok) (Wiping cloths - quat) - ok
Restroom - ok
Floors/walls/ceiling - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: Michael Graner TITLE: Chef

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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DATE: 11/15/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: My Breakfast House
ADDRESS: 1137 Laurel CITY: San Carlos
OWNER:
RECORD ID: 60165 PE: 6624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadulterered						
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 60160

#6 - Provide mounted soap dispenser unit to front area handwash sink. (Pump soap being used until dispenser installed). 7 DAYS

#6 Provide mounted paper towel dispenser/holder to front area handwash sink. (Temporary unit being used until holder installed. 7 Days

#32 Food containers in back kitchen need to be labeled as to their content. Containers labeled "Peanuts" found with other food items inside. 2 Days

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Mao Kung Hsu PRINT: Mao Kung Hsu TITLE: Owner
SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 637-[illegible]

DATE: 10/25/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☒ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Oxford Street Chinese
ADDRESS: 1195 Laurel CITY: San Carlos
OWNER: RECORD ID: 1077 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadulterered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		X	X			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42368

#14 & #40 - Wiping cloths on food contact surface found with no sanitizer. Maintain sanitizer solution for wiping rags. Clean cutting boards, etc., between uses. (Done during inspection)
#45 - Clean restroom floors where grease, etc. has built-up. (7 days)
#45 - Clean floors under back kitchen equipment where grease build-up is located. (7 days)
#45 - Clean under front kitchen equipment where grease, etc. has built-up. (7 days)
#33 - Container next to cooks line found with grease, etc. build-up. Keep containers clean (7 days).

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [illegible] PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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ENVIRONMENTAL HEALTH SAN MATEO COUNTY
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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 372-6250, http://www.smchealth.org/ehs

DATE: 10/25/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☑ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 14 Days	☐ 55 CLOSURE

FACILITY NAME: Amazing Wok
ADDRESS: 1655 Laurel CITY: San Carlos
OWNER:
RECORD ID: 2314 R/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X	X				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

5946

(#6) - No paper towels found in employee restroom. Keep paper towels on dispenser (#6) Provide soap dispenser to employee restroom (mounted). Pump soap ok temporary. 7 Days

(#6) Provide mounted soap dispenser at kitchen sink for handwash. (Pump Soap ok - temporary) (#6) Provide mounted soap dispenser to front restroom (Pump Soap ok - temporary). 7 Days

(#39) Provide easily readable thermometer to cooks line refrigerator to make sure temperature is monitored (Keep below 41°F) 2 Days

(#43) Supply restroom doors with "Self-closing" devices (i.e. spring hinge, etc), so that doors close by themselves 14 Days

(#31) (#26) - Chicken found thawing in a tub outside of back door (on table, under covering). No open foods can be outside of restaurant. Keep inside & thaw under running water or in refrigerator. (Product still under 41°F). (Correct immediately).

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-6251

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ENVIRONMENTAL HEALTH
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San Mateo County Environmental Health Services Division
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DATE: 11/1/10	PAGE of
INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Chucks Donuts & Coffee

ADDRESS: 495 Old County Rd. CITY: San Carlos

OWNER: 32966 RECORD ID: ~~4728~~ 1232 P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures						/	22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding						/	23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food						/	55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42367

#33 - Clean front of refrigeration unit in back kitchen area. (food build-up found).

3019

#29 - Rodent poison found on floor. Remove from facility. (Glue Boards - OK). Corrected on site.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE: 10/1/2010

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 11/1/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Station Cafe

ADDRESS: 601 Old County Rd. CITY: San Carlos

OWNER: RECORD ID: ( ) P/E 1624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification		X					13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures					/		22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding					/		23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 6526

NEW OWNER

#1 - Obtain food handler certificate within 60 days. (Signed up for Nov 15th class).

#43 - The restroom door needs a self closing device (ie. spring hinge)

#39 - Supply thermometer to pizza prep. refrigeration unit

OK TO operate

Note: Clams, muscles, oysters (if used in the future) have tags that must be kept for 90 days on site.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Maria Costa PRINT: Maria Costa TITLE: Co-owner

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 12/13/10 | PAGE of

INSPECTION TYPE	STATUS
☐ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☒ OTHER 17	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Catering Connection
ADDRESS: 550 Quarry Rd. CITY: San Carlos
OWNER: RECORD ID: 32885 P/E 1681

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	✓						13	Food in good condition, safe and unadultered	✓					
2	Disease reporting, restrictions & exclusions	✓						14	Food contact surfaces; clean and sanitized	✓					
3	Discharge from eyes, nose, and mouth	✓						15	Food obtained from approved sources	✓					
4	Proper employee habits	✓						16	Compliance with shell stock tags, display						✓
5	Proper hand washing/glove use	✓						17	Compliance with Gulf Oyster regulations						✓
6	Adequate hand washing facilities supplied	✓						18	Compliance with variance & HACCP Plan						✓
7	Proper hot and cold holding temperatures	✓						19	Raw or undercooked food advisory						✓
8	Time as public health control; procedures & records						✓	20	Licensed health care facilities/schools						✓
9	Proper cooling methods	✓						21	Hot and cold water availability	✓					
10	Proper cooking time and temperatures	✓						22	Sewage and wastewater properly disposed	✓					
11	Proper reheating procedures for hot holding							23	No vermin, insects, birds, or animals	✓					
12	Returned and re-service of food					✓		55	Storm Water (www.flowstobay.org/food)	✓					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

39226
TA 3090

- Sanitized wiping cloths (Quat) - OK
- Temperature logs kept for hot hold, reheat, and cold hold - OK
- Proper handwash, glove use, & utensil use observed at this facility - OK
- Utensils, etc. are washed & sanitized manually, then washed & sanitized in dishwasher - OK
- No problems noted with product (ie. mold, etc)
- Hot hold over 135°F - OK Cold Hold below 41°F - OK
- No cross-contamination issues noted / color coded cutting boards - OK

* Note: Complaint received regarding food served at Mid Peninsula Coalition had mold in it. Food allegedly from this facility. * Food cooked fresh & delivered cold or hot with temperature logs. Complainant took pictures of product but did not save any. Did not appear to be mold. Catering Connection to train "Coalition" as to proper hot & cold hold at their facility.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: BRENT GUIER PHONE: 372-

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FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
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DATE: 10/29/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: San Remo Italian Food
ADDRESS: 1152 San Carlos CITY: San Carlos
OWNER: RECORD ID: 1222 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification		X					13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42380

#1 Food handler certificate expired. Obtain new certificate within 60 Days.

#45 Floor area under dishwash room equipment dirty. Clean floors within 7 Days.

#45 - Floor area under back room equipment dirty clean floors within 7 days.

#47
* Post Report in Public View

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X [signature] PRINT: 10/29/10 TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

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DATE: 10/26/10 PAGE 1 of 2

INSPECTION TYPE	STATUS
☑ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☑ 53 FAIR
☑ OTHER 22	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Kin Chuan Restaurant
ADDRESS: 1188 San Carlos Ave. CITY: San Carlos
OWNER:
RECORD ID: 23971 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/	X				
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits		X	X				16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use		X	X				17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied		X	X				18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

42427

#4 - Employees found eating in kitchen area. Employees must eat in seperate area from kitchen & wash hands afterwards prior to handling food. (correct today)

#5 Employees seen handling raw meats & not washing hands before continuing food preparation (veg. tables, etc.). Make sure hands are washed each time they finish handling one food and go to the next food. (correct today)

#6 Maintain paper towels at kitchen handwash sink (missing). (correct today).

#27 Raw meat in walk-in cooler found stored over vegitables. Store all raw meat on bottom shelves (Below vegitables & other cooked foods). (correct today).

#14 Ice machine found with mold build-up inside. Clean & keep clean. (48 Hours).

#45 Floor in kitchen area has too much grease build-up. Clean floor & keep clean (48 Hours).

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] PRINT: Pei Hua Hu TITLE: Manager

SPECIALIST: BRENT GUIER PHONE: 372-6251

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DATE: 10/29/10 PAGE of

INSPECTION TYPE	STATUS
☑ ROUTINE	☑ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Burger King
ADDRESS: 505 Skyway CITY: San Carlos
OWNER: RECORD ID: 28423 P/E 1625

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods						/	21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food				/			55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42431

– No violations noted at this time –

Handwash stations – OK
Cold hold below 41°F – OK
Hot hold over 135°F – OK
Chemical storage – OK
Wiping cloths – Sanitized – OK
Wash/Rinse/sanitize sink – OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: SALVADOR RUIZIDO PRINT: TITLE:
SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smcehealthenviron

DATE: 10/29/31 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☒ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☐ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE:	☐ 55 CLOSURE

FACILITY NAME: Izzy's Steaks & Chops
ADDRESS: 525 Skyway CITY: San Carlos
OWNER: RECORD ID: 28861 P/E 1627

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized	/					
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display	/					
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/						18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures	/						19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 42434

BAR

#45 - Floor area under bar dishwasher very dirty. Clean & Sanitize.

Restaurant

#45 - walls behind dishwasher have mold build-up. Clean & sanitize area.

#43 - Restroom door in back kitchen area needs to be "self-closing". Repair within 14 Days (found broken).

* Cold hold below 41°F - OK Hot hold over 135°F. - OK
* Cooks washing hands constantly - OK
* Raw meats stored below other foods - OK
* Sanitizer solutions - OK Wiping cloths sanitized - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X PRINT: Kevin Riley TITLE: General Manager
SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
Protecting Our Health and Environment

FOOD PROGRAM INSPECTION REPORT

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Ste. 100, San Mateo CA 94403
(650) 372-6200, Fax (650) 627-8244 [illegible]

DATE: 10/6/10 | PAGE of

INSPECTION TYPE	STATUS
☒ ROUTINE	☐ 51 EXCELLENT
☐ COMPLAINT	☐ 52 GOOD
☐ FOLLOW-UP	☒ 53 FAIR
☐ OTHER	☐ 54 POOR
REINSPECTION DATE: 7 DAYS	☐ 55 CLOSURE

FACILITY NAME: Happy Dragon Chinese Restaurant
ADDRESS: 626 Walnut CITY: San Carlos
OWNER:
RECORD ID: 726 P/E 624

	CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA		CALIFORNIA HEALTH AND SAFETY CODE VIOLATIONS	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge; food manager certification	/						13	Food in good condition, safe and unadultered	/					
2	Disease reporting, restrictions & exclusions	/						14	Food contact surfaces; clean and sanitized		X	X			
3	Discharge from eyes, nose, and mouth	/						15	Food obtained from approved sources	/					
4	Proper employee habits	/						16	Compliance with shell stock tags, display						/
5	Proper hand washing/glove use	/						17	Compliance with Gulf Oyster regulations						/
6	Adequate hand washing facilities supplied	/	X					18	Compliance with variance & HACCP Plan						/
7	Proper hot and cold holding temperatures		X					19	Raw or undercooked food advisory						/
8	Time as public health control; procedures & records						/	20	Licensed health care facilities/schools						/
9	Proper cooling methods	/						21	Hot and cold water availability	/					
10	Proper cooking time and temperatures	/						22	Sewage and wastewater properly disposed	/					
11	Proper reheating procedures for hot holding	/						23	No vermin, insects, birds, or animals	/					
12	Returned and re-service of food					/		55	Storm Water (www.flowstobay.org/food)	/					

See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 12340

#7 - Small refrigeration unit (behind cooks line) found with
#35 - food ranging from 43-48°F. Adjust thermostat to hold all food products below 41°F. If this is not possible within the next hour, move food to large refrigeration unit (all potentially hazardous food), until unit repaired.
#29 - Raw meats found stored over other food products (ie. vegitables) in large refrigeration unit. Store all raw meat below other foods.
#38 - Provide shatterproof light sleeves to lights over kitchen area where missing.
#45 - Floor area under equipment in kitchen needs cleaning better. (Area found with grease build-up).
#33 Area inside exposed cooling unit for small refrigerator needs cleaning - Grease & Food Buildup found.
#35 moldy wood found under Rice steamer. Remove from facility.
#14 #40 - Wiping cloths with sanitized solution needs to be kept for cleaning all surfaces, cutting boards, etc. (Done during inspection).

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: PRINT: TITLE:

SPECIALIST: Brent Guier PHONE: 372-6251

FOR OFFICIAL USE ONLY	☐ CODE A-9	☐ CODE B9.11	☐ CODE C11.1	☐ CODE D1.3	☐ CODE E3.5	☐ CODE F5+

STORMWATER INSPECTIONS & VIOLATIONS SUMMARY

Municipality: SAN CARLOS
Period Covered by this Report: January 1 through March 31, 2011
Period Covered by the Previous Report:October 1 through December 30, 2010
Date: 01/01/10

	Haz Mat	Food
Total Number of Inspections:	3	43
Total Number of Violations:	0	0
Total Follow-up Actions:	0	0
Total Violations Corrected:	0	0
Total Violations Pending:	0	0

NAME ADDRESS TYPE OF BUSINESS	VIOL. DATE	INSP	TYPES OF VIOLATIONS		COMMENTS AND/OR DESCRIPTION OF VIOLATION	ENFORCEMENT ACTIONS					FOLLOW-UP ACTION	VIOLATIONS CORRECTED (YES/NO)	DATE CORRECTED
			PTNL + BMP ≥ 4	NSW	including whether violating flow reached a creek or other waterbody, (name waterbody)	NONE	VW	WN	AA$	LA			

Type of Violation:
PTNL + BMP ≥ 4 — If the combined value of high potential for a Pollutant Discharge plus poor BMPs equals 4, Follow-up Action is required
NSW Non-Stormwater Discharge — Discharge of non-stormwater materials to storm drain system. Non-stormwater discharges are allowed by the NPDES permit as conditgionally exempted should not be identified as a NSW violation.

Enforcement Actions:
None No Action Taken
VW Verbal Warning
WN Warning Notice
AA$ Admin. Action with Penalty
LA Legal Notice

S

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 3/29/11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY AT&T

SITE ADDRESS 537 Laurel

CONTACT NAME Dave Dube

PHONE

BUSINESS TYPE/ACTIVITY telecom

SIC

Pollutants of Concern Used at Facility? ☐ yes ☒ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☒ Hazmat business plan ☒ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas	/				
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		1	0		
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas	/				
I. Other (describe): UST		1	0		refuel ~ once/year

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☐ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 1/25/11 ☐ Food ☐ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Brittan Ave Shell #171

SITE ADDRESS: 1098 El Camino

CONTACT NAME: Nallely Ceja

PHONE: 592-1955

BUSINESS TYPE/ACTIVITY: Gas Station

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☑ Hazmat business plan ☑ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas		1	0		
C. Outdoor Waste Storage/Disposal Areas	/				
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment		1	0		
H. Outdoor Drainage from Indoor Areas	/				
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No Violations at time of inspection

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☐ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: Nally Ceja Inspector: S Lowe

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 02-23-2011 02-24-2011 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: L-3 Communications

SITE ADDRESS:

CONTACT NAME: Brian Anzelc

PHONE:

BUSINESS TYPE/ACTIVITY: 960 Industrial Rd

SIC: 3671

Pollutants of Concern Used at Facility? ☒ yes ☐ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☒ Copper ☒ Other Ni, Be

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☒ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☒ Above ground storage tanks
☒ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☒ General: Does the facility have a SWPPP? ☒ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s):

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	Follow-Up Action Required: If NSW is found, or total score for PTNL plus BMP is 4 or more, note Enforcement Level below and assign date for Follow-up / Re-Inspection Due above.
A. Outdoor Process/Manufacturing Areas	X				
B. Outdoor Material Storage Areas	~~X~~	1	0		
C. Outdoor Waste Storage/Disposal Areas		1	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		1	0		
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	X				
G. Rooftop Equipment		1	0		
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):		2	0		Acetone & IPA fill pipes

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

The business places a drain cover over the nearest drain to avoid any accidental discharge.

☐ See attached for more comments. → LOG

PRIORITY ROUTINE INSPECTION: ☒ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☐ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: C. R. Tsaugth
CLIFFORD R. TSAUGTH

Inspector: REED Montofar Lowe

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- ☐ EXCELLENT (51)
- ☐ GOOD (52)
- ☒ FAIR (53)
- ☒ POOR (54)
- ☐ CLOSURE (55)

Facility Name	Laurel St. Cafe	Date	2/15/11
Address	635 Laurel St.	City	San Carlos
Owner		Record ID	60124 / 60125
E-mail	P/E 1624	Follow-Up Date	7 Days(t)

Inspection Type: ☒ Routine ** ☐ Complaint ☐ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☐	☒	☒	☐	☐	☐	13	Food in good condition, safe and unadulterated	☒	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☒	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☐	☒	☒	☐	☐	☐
3	Discharge from eyes, nose, and mouth	☒	☐	☐	☐	☐		15	Food obtained from approved sources	☒	☐	☐	☐		
4	Sanitary employee habits	☒	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☒
5	Proper hand washing, glove use	☐	☒	☒	☐	☐		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☒
6	Adequate hand washing facilities supplied	☐	☒	☒	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☒
7	Proper hot and cold holding temperatures	☒	☐	☐	☐	☐	☐	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☒
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☒	20	Licensed health care facilities, schools	☐	☐	☐	☐		☒
9	Proper cooling methods	☒	☐	☐	☐	☐	☐	21	Hot and cold water availability	☒	☐	☐	☐		
10	Proper cooking time and temperatures	☒	☐	☐	☐	☐	☐	22	Sewage and wastewater properly disposed	☒	☐	☐	☐		
11	Proper reheating procedures for hot holding	☒	☐	☐	☐	☐	☐	23	No vermin, insects, birds, or animals	☒	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☒	☐	55	Storm Water (www.flowstobay.org/food)	☒	☐	☐	☐	☐	☐

** A COPY OF THIS REPORT MUST BE IMMEDIATELY POSTED WHERE IT IS CLEARLY VISIBLE AND AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC
See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

(30) - Containers of food (rice, salt, etc.) found in containers not properly labeled. Containers are not labeled or state "Plain Yogurt" on them. Label as to their content. (48 HCS)

(#1) - Provide "Food Manager Certificate" to facility within 60 days. (Cook with certificate no longer works at facility).

#(14) & #(40) - Wiping cloths for knives, cutting boards, etc. need to be kept in container of sanitizer solution (i.e. bleach water) between uses (non-present). Spray bottle ok for general cleaning, but wiping cloths need to sanitize surfaces (Fix today).

#(39) Provide an easily-readable thermometer to cold unit in customer area. Check daily to make sure temp. is kept below 41°F at all times.

#(6) Supply soap to kitchen handwash sink dispenser (#6) Provide paper towels to (or repair/replace) to kitchen dispenser unit.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:	PRINT:	TITLE:
SPECIALIST: Brent Guier	PHONE: 372-6251	page 1 of 2

FOR OFFICIAL USE ONLY ☐ CODE A-9 ☐ CODE B9-11 ☐ CODE C11.1 ☐ CODE D1.3 ☐ CODE E3.5 ☐ CODE F5+

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Life For Life	Date	1/20/11
Address	1101 Laurel	City	San Carlos
Owner		Record ID	48260
E-mail		P/E	1616
		Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use					x		17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

** A COPY OF THIS REPORT MUST BE IMMEDIATELY POSTED WHERE IT IS CLEARLY VISIBLE AND AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC
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IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#43 Restroom door needs to be "self closing". Install self closing device to door (ie. spring hinge, etc.). 30 Days

Cold holding below 41°f - OK

Random expiration check of product - OK

Chemicals stored away from food items - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:		PRINT: Jennifer Lesyna	TITLE: Owner
SPECIALIST:	BRENT GUFER	PHONE: 372-6251	page of

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Hiller Aviation Museum	Date	1/20/11
Address	601 Skyway	City	San Carlos
Owner		Record ID	31850
E-mail	P/E 1616	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use					x		17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures						x	19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

inactive 3090

Small amount of candy, chips, soda...

Food stored off flooring - ok

No problems noted at this time.

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Inge Bettet	PRINT: /	TITLE:
SPECIALIST: BRENT GUFER	PHONE: 372-6251	page of

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Hiller Aviation Museum	Date	1/20/11
Address	601 Skyway	City	San Carlos
Owner		Record ID	29200
E-mail	P/E 1623	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	x						13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized	x					
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits					x		16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use					x		17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied							18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures					x		19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods					x		21	Hot and cold water availability	x					
10	Proper cooking time and temperatures					x		22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding					x		23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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No food preparation at this time. Kitchen only used for events, no daily food prep.

matrix 3090

Handwash setup - OK
Dishwash setup - OK
Hot & cold water - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Lanie Aguilay	PRINT: Lanie Aguilay	TITLE: Events Manager	
SPECIALIST: BRENT GUTIERREZ	PHONE: 372-6251	page of	

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FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Shamrock Liquors	Date	1/20/11
Address	1117 Laurel	City	San Carlos
Owner		Record ID	1208 / 32977
E-mail	P/E 1612	Follow-Up Date	

Inspection Type: [X] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						✓	13	Food in good condition, safe and unadulterated	✓					
2	Disease reporting, restrictions & exclusions	✓						14	Food contact surfaces; clean and sanitized					✓	
3	Discharge from eyes, nose, and mouth	✓						15	Food obtained from approved sources	✓					
4	Sanitary employee habits	✓						16	Compliance with shell stock tags, display						✓
5	Proper hand washing, glove use					✓		17	Compliance with Gulf Oyster regulations						✓
6	Adequate hand washing facilities supplied	✓						18	Compliance with variance & HACCP Plan						✓
7	Proper hot and cold holding temperatures	✓						19	Raw or undercooked food advisory						✓
8	Time as public health control; procedures & records						✓	20	Licensed health care facilities, schools						✓
9	Proper cooling methods						✓	21	Hot and cold water availability	✓					
10	Proper cooking time and temperatures						✓	22	Sewage and wastewater properly disposed	✓					
11	Proper reheating procedures for hot holding						✓	23	No vermin, insects, birds, or animals	✓					
12	Returned and re-service of food					✓		55	Storm Water (www.flowstobay.org/food)	✓					

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inactive 3070

Pre-packaged food only. No hot holding.

Cold holding (i.e. milk) below 41°f - ok

Restroom (hot & cold water, soap, paper towels) - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:	PRINT: Chinney Ani	TITLE: Owner
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of

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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Snack Shack	Date	1/20/11
Address	260 Wellington	City	San Carlos
Owner		Record ID	57082
E-mail	P/E 1616	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification							13	Food in good condition, safe and unadulterated	X					
2	Disease reporting, restrictions & exclusions	X						14	Food contact surfaces; clean and sanitized						X
3	Discharge from eyes, nose, and mouth	X						15	Food obtained from approved sources	X					
4	Sanitary employee habits					X		16	Compliance with shell stock tags, display						X
5	Proper hand washing, glove use					X		17	Compliance with Gulf Oyster regulations						X
6	Adequate hand washing facilities supplied							18	Compliance with variance & HACCP Plan						X
7	Proper hot and cold holding temperatures					X		19	Raw or undercooked food advisory						X
8	Time as public health control; procedures & records					X		20	Licensed health care facilities, schools						X
9	Proper cooling methods					X		21	Hot and cold water availability	X					
10	Proper cooking time and temperatures					X		22	Sewage and wastewater properly disposed	X					
11	Proper reheating procedures for hot holding					X		23	No vermin, insects, birds, or animals	X					
12	Returned and re-service of food					X		55	Storm Water (www.flowstobay.org/food)	X					

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Ø 30090

Not operating booth/stand at this time. Facility used by Little League Feb - July annually.

Hot & cold holding units.
Cold (refrigeration) below 41°F - OK
Handwash & dish wash sinks - OK
Hot & cold water - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Guy M. Wallace	PRINT: GUY M. WALLACE	TITLE: Superintendent	
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of	

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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name: St. Charles School | Date: 1/20/11
Address: 850 Tamarack | City: San Carlos
Owner | Record ID: 35141
E-mail | P/E: 1632 | Follow-Up Date

Inspection Type: [ ] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	X						13	Food in good condition, safe and unadulterated	X					
2	Disease reporting, restrictions & exclusions	X						14	Food contact surfaces; clean and sanitized	X					
3	Discharge from eyes, nose, and mouth	X						15	Food obtained from approved sources	X					
4	Sanitary employee habits	X						16	Compliance with shell stock tags, display						X
5	Proper hand washing, glove use	X						17	Compliance with Gulf Oyster regulations						X
6	Adequate hand washing facilities supplied	X						18	Compliance with variance & HACCP Plan						X
7	Proper hot and cold holding temperatures	X						19	Raw or undercooked food advisory						X
8	Time as public health control; procedures & records						X	20	Licensed health care facilities, schools	X					
9	Proper cooling methods						X	21	Hot and cold water availability	X					
10	Proper cooking time and temperatures						X	22	Sewage and wastewater properly disposed	X					
11	Proper reheating procedures for hot holding						X	23	No vermin, insects, birds, or animals	X					
12	Returned and re-service of food					X		55	Storm Water (www.flowstobay.org/food)						

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Lunch served from 12:00-1:25 - Ø3090

Food delivered in hot & cold boxes, Hot food plugged into power. Hot holding over 135°F. Cold hold below 41°F - OK

Restroom - OK

Chemicals stored away from food products - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Francisca Raccanello | PRINT: F. Raccanello | TITLE: office manager
SPECIALIST: BRENT GUFFER | PHONE: 372-6251 | page of

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FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Diddams	Date	1/19/11
Address	780 Laurel	City	San Carlos
Owner		Record ID	37930/~~42111~~
E-mail	P/E 1616	Follow-Up Date	

Inspection Type: [X] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						✓	13	Food in good condition, safe and unadulterated	✓					
2	Disease reporting, restrictions & exclusions	✓						14	Food contact surfaces; clean and sanitized						✓
3	Discharge from eyes, nose, and mouth	✓						15	Food obtained from approved sources	✓					
4	Sanitary employee habits	✓						16	Compliance with shell stock tags, display						✓
5	Proper hand washing, glove use	✓						17	Compliance with Gulf Oyster regulations						✓
6	Adequate hand washing facilities supplied	✓						18	Compliance with variance & HACCP Plan						✓
7	Proper hot and cold holding temperatures						✓	19	Raw or undercooked food advisory						✓
8	Time as public health control; procedures & records						✓	20	Licensed health care facilities, schools						✓
9	Proper cooling methods						✓	21	Hot and cold water availability	✓					
10	Proper cooking time and temperatures						✓	22	Sewage and wastewater properly disposed	✓					
11	Proper reheating procedures for hot holding						✓	23	No vermin, insects, birds, or animals	✓					
12	Returned and re-service of food					✓		55	Storm Water (www.flowstobay.org/food)	✓					

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inactive 3070

#30 - Containers of bulk candy (including baskets) that do not have ingredients on the wrapper of the candy, must have label on containers.

#30 - Some candy (in boxes), and bags for candy found on floor in back room. Store all of these items off floor (today!).

Note: 2 weeks given to label all containers noted above.

Restroom (ok).

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Sandra Lemus	PRINT:	TITLE:	
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of	

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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Office Depot	Date	1/5/11
Address	1161 Industrial	City	San Carlos
Owner		Record ID	34506
E-mail		P/E	1616
		Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources						
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied							18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures						x	19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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42444
inactive Storm

No signs of Rodent/Insect activity. ~OK

Restrooms -OK

Food storage - OK

Food off floor -OK

Chemicals seperate from Food - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:	Juan Meza	PRINT:	TITLE:
SPECIALIST:	Brent Cotter	PHONE: 372-6251	page of

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FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Home Goods	Date	1/5/11
Address	1251 Industrial	City	San Carlos
Owner		Record ID	53476
E-mail	P/E 1616	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use							17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures						x	19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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Hot & Cold water - OK
Food stored off flooring - OK
Restrooms - OK
No signs of insect / rodent activity - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:		PRINT: Mark Twyman	TITLE: Store Manager
SPECIALIST:	BRENT GUIER	PHONE: 372-6251	page of

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FOOD SAFETY STATUS
- ☐ EXCELLENT (51)
- ☐ GOOD (52)
- ☐ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	Pet Smart	Date	1/5/11
Address	1133 Industrial	City	San Carlos
Owner		Record ID	1616/53556
E-mail	P/E 1616	Follow-Up Date	

Inspection Type: ☒ Routine ** ☐ Complaint ☐ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☐	☐	☐	☐	☐	☒	13	Food in good condition, safe and unadulterated	☐	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☒	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☐	☐	☐	☐	☐	☒
3	Discharge from eyes, nose, and mouth	☒	☐	☐	☐	☐		15	Food obtained from approved sources	☐	☐	☐	☐		
4	Sanitary employee habits	☒	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☒
5	Proper hand washing, glove use	☒	☐	☐	☐	☐		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☒
6	Adequate hand washing facilities supplied	☐	☐	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☒
7	Proper hot and cold holding temperatures	☐	☐	☐	☐	☐	☒	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☒
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☒	20	Licensed health care facilities, schools	☐	☐	☐	☐		☒
9	Proper cooling methods	☐	☐	☐	☐	☐	☒	21	Hot and cold water availability	☐	☐	☐	☐		
10	Proper cooking time and temperatures	☐	☐	☐	☐	☐	☒	22	Sewage and wastewater properly disposed	☒	☐	☐	☐		
11	Proper reheating procedures for hot holding	☐	☐	☐	☐	☐	☒	23	No vermin, insects, birds, or animals	☒	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☒	☒	55	Storm Water (www.flowstobay.org/food)	☒	☐	☐	☐	☐	☐

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No Food Sold at this "Pet Smart".

To be inactivated from Inspection inventory.

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Alex Rodriguez	PRINT: Alex Rodriguez	TITLE: Operation Mgr	
SPECIALIST: BRENT GUTEA	PHONE: 372-6251	page of	

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Best Buy	Date	1/5/11
Address	1127 Industrial	City	San Carlos
Owner		Record ID	47461
E-mail	P/E 1616	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x				x		17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures						x	19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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- No Insect/Rodent activity Noted - OK
- Candy stored off floor - OK
- Chemicals seperate from food items - OK
- Back storage area - OK (Food/Drinks off Floor).
- Restrooms - OK
- Hot & Cold water - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
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FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Trader Joes	Date	1/4/11
Address	1482 El Camino Real	City	San Carlos
Owner		Record ID	46366
E-mail	P/E 1614	Follow-Up Date	

Inspection Type: [X] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	X						13	Food in good condition, safe and unadulterated	X					
2	Disease reporting, restrictions & exclusions	X						14	Food contact surfaces; clean and sanitized	X					
3	Discharge from eyes, nose, and mouth	X						15	Food obtained from approved sources	X					
4	Sanitary employee habits	X						16	Compliance with shell stock tags, display						X
5	Proper hand washing, glove use	X						17	Compliance with Gulf Oyster regulations						X
6	Adequate hand washing facilities supplied	X						18	Compliance with variance & HACCP Plan						X
7	Proper hot and cold holding temperatures	X						19	Raw or undercooked food advisory						X
8	Time as public health control; procedures & records						X	20	Licensed health care facilities, schools						X
9	Proper cooling methods						X	21	Hot and cold water availability	X					
10	Proper cooking time and temperatures						X	22	Sewage and wastewater properly disposed	X					
11	Proper reheating procedures for hot holding						X	23	No vermin, insects, birds, or animals	X					
12	Returned and re-service of food					X		55	Storm Water (www.flowstobay.org/food)	X					

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#30 - Some produce in walk-in cooler found stored on floor. Keep boxes off floor.

#30 - Some boxes of food (ie tortillas, etc) found on floor Keep boxes off floor.

#30 Some boxes of food (Kettle Corn, Corn chips, pasta) found on floor in grocery area. Items with empty boxes on bottom row - OK Other items need to be off floor or be on empty boxes, shelves, etc.

Cold hold below 41°F - OK
Restrooms & Handwash stations - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Charlie Gallmann Jr.	PRINT:	TITLE:	
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of	

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ENVIRONMENTAL HEALTH
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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Ross Dress For Less	Date	1/5/11
Address	1119 Industrial	City	San Carlos
Owner		Record ID	54885
E-mail	P/E 1616	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures						x	19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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#47 - Post Copy of this report in public view.

Food storage off floor - OK

Restrooms - OK

No signs of insect / Rodent Activity - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Flight Lounge	Date	1/6/11
Address	971 Laurel	City	San Carlos
Owner		Record ID	59435
E-mail		P/E	624
		Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	x						13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized	x					
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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Note: Food Handler Certificate obtained from last inspection report.

Sanitizer - OK
Restroom - OK
Refrigeration below 41°F - OK
No cooking equipment - OK
Handwash stations w/ soap, paper towels, hot water - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	British Food Centre	Date	1/25/11
Address	1652 El Camino Real	City	San Carlos
Owner		Record ID	29329
E-mail	P/E 1612	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use					x		17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools	x					x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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Frozen Foods - OK
Prepackaged Foods stored off floor - OK
Hot & Cold water for handwash & cleaning - OK

Note: No open food items or food preparation - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Johnie Rivera	PRINT:	TITLE:
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of

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FOOD SAFETY STATUS

- ☐ EXCELLENT (51)
- ☒ GOOD (52)
- ☐ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	American Legion Hall	Date	1/25/11
Address	1159 Bush	City	San Carlos
Owner		Record ID	797
E-mail	P/E 1625	Follow-Up Date	30 DAYS

Inspection Type ☒ Routine ** ☐ Complaint ☐ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☒	☐	☐	☐	☐	☐	13	Food in good condition, safe and unadulterated	☒	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☒	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☒	☐	☐	☐	☐	☐
3	Discharge from eyes, nose, and mouth	☒	☐	☐	☐	☐		15	Food obtained from approved sources	☒	☐	☐	☐		
4	Sanitary employee habits	☒	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☒
5	Proper hand washing, glove use	☐	☐	☐	☐	☒		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☒
6	Adequate hand washing facilities supplied	☐	☒	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☒
7	Proper hot and cold holding temperatures	☒	☐	☐	☐	☐	☐	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☒
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☒	20	Licensed health care facilities, schools	☐	☐	☐	☐		☒
9	Proper cooling methods	☐	☐	☐	☐	☒	☐	21	Hot and cold water availability	☒	☐	☐	☐		
10	Proper cooking time and temperatures	☐	☐	☐	☐	☒	☐	22	Sewage and wastewater properly disposed	☒	☐	☐	☐		
11	Proper reheating procedures for hot holding	☐	☐	☐	☐	☒	☐	23	No vermin, insects, birds, or animals	☒	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☒	☐	55	Storm Water (www.flowstobay.org/food)	☒	☐	☐	☐	☐	☐

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Facility used on occassional events. (Not used daily). Used approx. once/month.

No food prep. at this time.

#6 Provide soap & paper towel dispensers to kitchen sink area for handwashing. (None found).

#45 Floor area in kitchen needs cleaning. Dirt, etc. buildup found.

33 Shelf under prep. table in kitchen dirty & needs cleaning.

35 Raw wood shelf under prep. table needs covering with smooth, cleanable, non-absorbent material.

#29 Chemicals found stored over food containers in back kitchen cabinet. Move chemicals to below containers

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:		PRINT: Dana Burns	TITLE:
SPECIALIST:	BRENT GUIER	PHONE: 372-6251	page of

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FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	76 Mart	Date	1/24/11
Address	90 El Camino Real	City	San Carlos
Owner		Record ID	37779/34662
E-mail	P/E 1612	Follow-Up Date	

Inspection Type [ ] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						X	13	Food in good condition, safe and unadulterated	X					
2	Disease reporting, restrictions & exclusions	X						14	Food contact surfaces; clean and sanitized						X
3	Discharge from eyes, nose, and mouth	X						15	Food obtained from approved sources	X					
4	Sanitary employee habits	X						16	Compliance with shell stock tags, display						X
5	Proper hand washing, glove use					X		17	Compliance with Gulf Oyster regulations						X
6	Adequate hand washing facilities supplied	X						18	Compliance with variance & HACCP Plan						X
7	Proper hot and cold holding temperatures	X						19	Raw or undercooked food advisory						X
8	Time as public health control; procedures & records						X	20	Licensed health care facilities, schools						X
9	Proper cooling methods						X	21	Hot and cold water availability	X					
10	Proper cooking time and temperatures						X	22	Sewage and wastewater properly disposed	X					
11	Proper reheating procedures for hot holding						X	23	No vermin, insects, birds, or animals	X					
12	Returned and re-service of food					X		55	Storm Water (www.flowstobay.org/food)	X					

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inactive PE

Mop sink w/ backflow protection - ok
Sandwich & milk expiration dates - ok
Ice machine & scoop storage - ok
Cold holding (ie. milk, etc) under 41°f - ok
General Cleaning - ok
Restroom (soap, paper towels, hot water) - ok
Note: Tobacco behind counter - ok

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Carl's Jr. Restaurant	Date	1/4/11
Address	1800 El Camino Real	City	San Carlos
Owner		Record ID	2078/42394
E-mail	P/E 1625	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	[x]						13	Food in good condition, safe and unadulterated	[x]					
2	Disease reporting, restrictions & exclusions	[x]						14	Food contact surfaces; clean and sanitized	[x]					
3	Discharge from eyes, nose, and mouth	[x]						15	Food obtained from approved sources	[x]					
4	Sanitary employee habits	[x]						16	Compliance with shell stock tags, display						[x]
5	Proper hand washing, glove use	[x]						17	Compliance with Gulf Oyster regulations						[x]
6	Adequate hand washing facilities supplied	[x]						18	Compliance with variance & HACCP Plan						[x]
7	Proper hot and cold holding temperatures	[x]						19	Raw or undercooked food advisory						[x]
8	Time as public health control; procedures & records						[x]	20	Licensed health care facilities, schools						[x]
9	Proper cooling methods						[x]	21	Hot and cold water availability	[x]					
10	Proper cooking time and temperatures	[x]						22	Sewage and wastewater properly disposed	[x]					
11	Proper reheating procedures for hot holding						[x]	23	No vermin, insects, birds, or animals	[x]					
12	Returned and re-service of food					[x]		55	Storm Water (www.flowstobay.org/food)	[x]					

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IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

(45) * Build up of trash, etc. found under front soda dispenser unit (behind & under machine). Keep clean (14 DAY)

(35) * Metal coving in walk-in freezer bent & dilapidated. Replace floor/wall junction coving. (30 day)

(46) * Floor in back kitchen area (under & behind equipment) needs cleaning. Grease build-up found. (14 day)

(45) * Walk-in refrigeration unit has food, etc. build up along floor/wall areas. Clean these areas & keep clean. (14 Day).

Hot hold over 135°F - OK Restrooms & handwash stations - OK
Sanitizer (wiping cloths, dishwash) - OK Cold hold below 41°F - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature]	PRINT:	TITLE:
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Naranjos Taqueria #2	Date	1/4/11
Address	1494 El Camino Real	City	San Carlos
Owner		Record ID	48504/50175
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	13	Food in good condition, safe and unadulterated	[x]	[ ]	[ ]	[ ]		
2	Disease reporting, restrictions & exclusions	[x]	[ ]	[ ]	[ ]			14	Food contact surfaces; clean and sanitized	[x]	[ ]	[ ]	[ ]	[ ]	[ ]
3	Discharge from eyes, nose, and mouth	[x]	[ ]	[ ]	[ ]	[ ]		15	Food obtained from approved sources	[x]	[ ]	[ ]	[ ]		
4	Sanitary employee habits	[x]	[ ]	[ ]	[ ]	[ ]		16	Compliance with shell stock tags, display	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
5	Proper hand washing, glove use	[x]	[ ]	[ ]	[ ]	[ ]		17	Compliance with Gulf Oyster regulations	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
6	Adequate hand washing facilities supplied	[x]	[ ]	[ ]	[ ]			18	Compliance with variance & HACCP Plan	[ ]	[ ]	[ ]	[ ]		[x]
7	Proper hot and cold holding temperatures	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	19	Raw or undercooked food advisory	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
8	Time as public health control; procedures & records	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	20	Licensed health care facilities, schools	[ ]	[ ]	[ ]	[ ]		[x]
9	Proper cooling methods	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	21	Hot and cold water availability	[x]	[ ]	[ ]	[ ]		
10	Proper cooking time and temperatures	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	22	Sewage and wastewater properly disposed	[x]	[ ]	[ ]	[ ]		
11	Proper reheating procedures for hot holding	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	23	No vermin, insects, birds, or animals	[x]	[ ]	[ ]	[ ]		
12	Returned and re-service of food	[ ]	[ ]	[ ]	[ ]	[x]	[ ]	55	Storm Water (www.flowstobay.org/food)	[x]	[ ]	[ ]	[ ]	[ ]	[ ]

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IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

Sanitizer for wiping rags & three compartment sink - OK
Hot hold 139-146°F (over 135) - OK
Employees washing hands properly - OK
Handwash stations supplied with soap & paper towels & hot water - OK
General cleaning - OK
Cold holding 33-40°F (below 41°F) - OK
Proper Glove & utensil use noted - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Virginia Chu	PRINT:	TITLE:	
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2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Jamba Juice	Date	1/5/11
Address	1135 Industrial	City	San Carlos
Owner		Record ID	53784/59413
E-mail		P/E	1624
		Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	x						13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized	x					
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures							22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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No violations noted at this time.

Cold hold below 41°f - ok
chemicals ~~sp~~ seperated from food & labeled properly - ok
Handwash station - ok General cleaning - ok
Employees noted washing hands thoroughly - GOOD
Restroom with soap, paper towels, hotwater - ok
Running water dipper wells - ok
Scoop storage - ok Food storage off flooring - ok
Janitorial sink with backflow protection - ok

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of

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PROTECTING OUR HEALTH AND ENVIRONMENT

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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	El Charrito Taqueria	Date	1/6/11
Address	1100 Holly St.	City	San Carlos
Owner		Record ID	1191/42370
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	x						13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized	x					
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods	x						21	Hot and cold water availability	x					
10	Proper cooking time and temperatures	x						22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding	x						23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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*30 - meat found on floor in back kitchen area. No food items can be stored on floor unless in durable containers (corrected).

*33 - Mold found on walk-in cooler fan units. Clean & Sanitize.

*45 - Floors under shelves in walk-in need cleaning. Juices, etc. spilled on flooring. (7 Days to clean).

Hot holding 148-176°F (over 135°F) - OK
Restrooms - OK Sanitizing solutions & wiping cloths - OK
Cold holding below 41°F - OK • Salsa bar sneeze-guard protection - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:	Eddy Cortez	PRINT:	TITLE:
SPECIALIST:	BRENT GUIER	PHONE: 372-6251	page of

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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- ☐ EXCELLENT (51)
- ☐ GOOD (52)
- ☐ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	TOWN	Date	1/19/11
Address	716 Laurel St.	City	San Carlos
Owner		Record ID	2537/42403
E-mail	P/E 1627	Follow-Up Date	32329

Inspection Type: ☐ Routine ** ☐ Complaint ☐ Follow-Up ☒ Other 14 ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☒	☐	☐	☐	☐	☐	13	Food in good condition, safe and unadulterated	☒	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☒	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☒	☐	☐	☐	☐	☐
3	Discharge from eyes, nose, and mouth	☒	☐	☐	☐	☐		15	Food obtained from approved sources	☒	☐	☐	☐		
4	Sanitary employee habits	☒	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☒
5	Proper hand washing, glove use	☒	☐	☐	☐	☐		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☒
6	Adequate hand washing facilities supplied	☒	☐	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☒
7	Proper hot and cold holding temperatures	☒	☐	☐	☐	☐	☐	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☒
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☒	20	Licensed health care facilities, schools	☐	☐	☐	☐		☒
9	Proper cooling methods	☒	☐	☐	☐	☐	☒	21	Hot and cold water availability	☒	☐	☐	☐		
10	Proper cooking time and temperatures	☒	☐	☐	☐	☐	☐	22	Sewage and wastewater properly disposed	☒	☐	☐	☐		
11	Proper reheating procedures for hot holding	☒	☐	☐	☐	☐	☐	23	No vermin, insects, birds, or animals	☒	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☒	☐	55	Storm Water (www.flowstobay.org/food)	☒	☐	☐	☐	☐	☐

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Inspection due to complaint received in our office regarding suspected foodborne illness; (33 burgers sold on 14th)
* No other complaints from facility or at this departments.
* Hamburger made daily — every other day. High turnover; cold hold below 41°F. All raw meats stored on shelving below other foods.
* No sick employees noted. Mgr. stated sick employees cannot work & are sent home if they show up.
* Handwash stations (soap, paper towels, hot water)
* Meat Grinder cleaned & sanitized after each use — OK
* Hot hold over 135°F — OK
* Proper handwash, utensil use noted — OK
* No cross-contamination issues noted.

Note: No tobacco sold - Tobacco permit to be inactivated.

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:		PRINT: Frank Sanchez	TITLE: General Manager
SPECIALIST: BRENT GUIER		PHONE: 372-6251	page of

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ENVIRONMENTAL HEALTH
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PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Starbucks Coffee	Date	1/19/11
Address	856 Laurel	City	San Carlos
Owner		Record ID	50160/51361
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	13	Food in good condition, safe and unadulterated	[x]	[ ]	[ ]	[ ]		
2	Disease reporting, restrictions & exclusions	[x]	[ ]	[ ]	[ ]			14	Food contact surfaces; clean and sanitized	[x]	[ ]	[ ]	[ ]	[ ]	[ ]
3	Discharge from eyes, nose, and mouth	[x]	[ ]	[ ]	[ ]	[ ]		15	Food obtained from approved sources	[x]	[ ]	[ ]	[ ]		
4	Sanitary employee habits	[x]	[ ]	[ ]	[ ]	[ ]		16	Compliance with shell stock tags, display	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
5	Proper hand washing, glove use	[x]	[ ]	[ ]	[ ]	[ ]		17	Compliance with Gulf Oyster regulations	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
6	Adequate hand washing facilities supplied	[x]	[ ]	[ ]	[ ]			18	Compliance with variance & HACCP Plan	[ ]	[ ]	[ ]	[ ]		[x]
7	Proper hot and cold holding temperatures	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	19	Raw or undercooked food advisory	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
8	Time as public health control; procedures & records	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	20	Licensed health care facilities, schools	[ ]	[ ]	[ ]	[ ]		[x]
9	Proper cooling methods	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	21	Hot and cold water availability	[x]	[ ]	[ ]	[ ]		
10	Proper cooking time and temperatures	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	22	Sewage and wastewater properly disposed	[x]	[ ]	[ ]	[ ]		
11	Proper reheating procedures for hot holding	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	23	No vermin, insects, birds, or animals	[x]	[ ]	[ ]	[ ]		
12	Returned and re-service of food	[ ]	[ ]	[ ]	[ ]	[x]	[ ]	55	Storm Water (www.flowstobay.org/food)	[x]	[ ]	[ ]	[ ]	[ ]	[ ]

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Cold hold below 41°F - ok
Wiping cloths sanitizes - ok
Chemical storage - (below & away from food items) - ok
Mopsink with backflow protection - ok
Restrooms - ok
Ice Machine - ok
Thermometer use - ok
- Food storage off flooring - ok

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature]	PRINT:	TITLE:
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FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Harmony Yogurt	Date	1/19/11
Address	852 Laurel	City	San Carlos
Owner		Record ID	62676 / 62677
E-mail		P/E	1624
		Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	13	Food in good condition, safe and unadulterated	[x]	[ ]	[ ]	[ ]		
2	Disease reporting, restrictions & exclusions	[x]	[ ]	[ ]	[ ]			14	Food contact surfaces; clean and sanitized	[x]	[ ]	[ ]	[ ]	[ ]	[ ]
3	Discharge from eyes, nose, and mouth	[x]	[ ]	[ ]	[ ]	[ ]		15	Food obtained from approved sources	[x]	[ ]	[ ]	[ ]		
4	Sanitary employee habits	[x]	[ ]	[ ]	[ ]	[ ]		16	Compliance with shell stock tags, display	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
5	Proper hand washing, glove use	[x]	[ ]	[ ]	[ ]	[ ]		17	Compliance with Gulf Oyster regulations	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
6	Adequate hand washing facilities supplied	[x]	[ ]	[ ]	[ ]			18	Compliance with variance & HACCP Plan	[ ]	[ ]	[ ]	[ ]		[x]
7	Proper hot and cold holding temperatures	[x]	[ ]	[ ]	[ ]	[ ]	[ ]	19	Raw or undercooked food advisory	[ ]	[ ]	[ ]	[ ]	[ ]	[x]
8	Time as public health control; procedures & records	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	20	Licensed health care facilities, schools	[ ]	[ ]	[ ]	[ ]		[x]
9	Proper cooling methods	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	21	Hot and cold water availability	[x]	[ ]	[ ]	[ ]		
10	Proper cooking time and temperatures	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	22	Sewage and wastewater properly disposed	[x]	[ ]	[ ]	[ ]		
11	Proper reheating procedures for hot holding	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	23	No vermin, insects, birds, or animals	[x]	[ ]	[ ]	[ ]		
12	Returned and re-service of food	[ ]	[ ]	[ ]	[ ]	[x]	[ ]	55	Storm Water (www.flowstobay.org/food)	[x]	[ ]	[ ]	[ ]	[ ]	[ ]

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- Cold hold below 41 °F - OK
- Restrooms - OK
- Sanitizer (dishwash & wiping rags) - OK
- Handwash stations - OK
- General cleaning - OK
- Food & chemical storage (seperate) - OK

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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SPECIALIST: BRENT GOFER	PHONE: 372-6251	page of

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FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Baskin Robbins	Date	1/25/11
Address	1648 El Camino Real	City	San Carlos
Owner		Record ID	816/42363
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	x						13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized	x					
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

#38 The restroom ventilation fan appears to not be working. Repair within 14 days.

Chemicals labeled - ok
Sanitizing solution & wiping cloths - ok
mop sink with backflow protection - ok
Handwash stations - ok
Cold hold below 41°F - ok Thermometers - ok

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:	PRINT:	TITLE:
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Walgreens	Date	1/25/11
Address	1414 El Camino Real	City	San Carlos
Owner		Record ID	2465/34466/42400
E-mail	P/E 1612	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x				x		17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures						x	19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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- No problems noted at this time. -

Food storage off floor.
Janitorial sink w/ backflow protection - ok
Cold hold below 41°F - ok
Rest rooms - ok.

Tobacco products behind counter - ok

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:		PRINT: Charles Brown	TITLE: Asst Mgr
SPECIALIST: BRENT GUTER		PHONE: 372-6251	page of

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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- ☐ EXCELLENT (51)
- ☒ GOOD (52)
- ☐ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	Carlos Club	Date	1/26/11
Address	612 El Camino Real	City	San Carlos
Owner		Record ID	804/42356
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: ☒ Routine ** ☐ Complaint ☐ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☒	☐	☐	☐	☐	☐	13	Food in good condition, safe and unadulterated	☒	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☒	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☐	☒	☒	☐	☐	☐
3	Discharge from eyes, nose, and mouth	☒	☐	☐	☐	☐		15	Food obtained from approved sources	☒	☐	☐	☐		
4	Sanitary employee habits	☒	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☒
5	Proper hand washing, glove use	☒	☐	☐	☐	☐		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☒
6	Adequate hand washing facilities supplied	☒	☐	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☒
7	Proper hot and cold holding temperatures	☒	☐	☐	☐	☐	☐	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☒
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☒	20	Licensed health care facilities, schools	☐	☐	☐	☐		☐
9	Proper cooling methods	☐	☐	☐	☐	☐	☒	21	Hot and cold water availability	☒	☐	☐	☐		
10	Proper cooking time and temperatures	☐	☐	☐	☐	☐	☒	22	Sewage and wastewater properly disposed	☒	☐	☐	☐		
11	Proper reheating procedures for hot holding	☒	☐	☐	☐	☐	☐	23	No vermin, insects, birds, or animals	☒	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☒	☐	55	Storm Water (www.flowstobay.org/food)	☒	☐	☐	☐	☐	☐

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No kitchen for cooking. Bar Only

#44 - Back entry door needs stripping at the base for pest control. Opening should not be greater than 1/4 inch.

(Restrooms - OK
Cold hold below 41°F - OK)

#14 35 - Dishwasher found not sanitizing dishes/glasses. Use three-compartment sink until repairs are done.

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- ☐ EXCELLENT (51)
- ☒ GOOD (52)
- ☐ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	Clooney's Pub	Date	1/26/11
Address	1189 Laurel	City	San Carlos
Owner		Record ID	1210/42381/42699
E-mail	P/E 1624	Follow-Up Date	(7+ Days)

Inspection Type ☒ Routine ** ☐ Complaint ☐ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☒	☐	☐	☐	☐	☐	13	Food in good condition, safe and unadulterated	☐	☒	☐	☐		
2	Disease reporting, restrictions & exclusions	☒	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☒	☒	☐	☐	☐	☒
3	Discharge from eyes, nose, and mouth	☒	☐	☐	☐	☐		15	Food obtained from approved sources	☒	☐	☐	☐		
4	Sanitary employee habits	☒	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☒
5	Proper hand washing, glove use	☒	☐	☐	☐	☐		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☒
6	Adequate hand washing facilities supplied	☒	☐	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☒
7	Proper hot and cold holding temperatures	☒	☐	☐	☐	☐	☐	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☒
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☒	20	Licensed health care facilities, schools	☐	☐	☐	☐		☒
9	Proper cooling methods	☐	☐	☐	☐	☐	☒	21	Hot and cold water availability	☒	☐	☐	☐		
10	Proper cooking time and temperatures	☐	☐	☐	☐	☐	☒	22	Sewage and wastewater properly disposed	☒	☐	☐	☐		
11	Proper reheating procedures for hot holding	☐	☐	☐	☐	☐	☒	23	No vermin, insects, birds, or animals	☒	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☐	☒	55	Storm Water (www.flowstobay.org/food)	☒	☐	☐	☐	☐	☐

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(29) Chemicals should not be stored over ice machine. Move chemicals

#(14) Inside, upper sections of ice machine has some mold growing on it. Clean & sanitize as needed.

(35) Ice scoop found stored directly on top of ice machine. (store scoop in cleanable container or on cleanable tray).

(35) Secure CO_2 Cylinders in Liquor storage room (ie. rope, chain, etc).

#(13) Cinzano & Loch Carron alcohol bottles discarded
#(52) due to flies inside (1 liter bottles)

x [signature]

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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San Mateo County Environmental Health Services Division
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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Skinny Sippin	Date	1/26/11
Address	1295 Laurel	City	San Carlos
Owner		Record ID	23615/42426
E-mail	P/E 6623	Follow-Up Date	(14 DAYS)

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	✓						13	Food in good condition, safe and unadulterated	✓					
2	Disease reporting, restrictions & exclusions	✓						14	Food contact surfaces; clean and sanitized	✓					
3	Discharge from eyes, nose, and mouth	✓						15	Food obtained from approved sources	✓					
4	Sanitary employee habits	✓						16	Compliance with shell stock tags, display						✓
5	Proper hand washing, glove use	✓						17	Compliance with Gulf Oyster regulations						✓
6	Adequate hand washing facilities supplied	✓						18	Compliance with variance & HACCP Plan						✓
7	Proper hot and cold holding temperatures	✓					✓	19	Raw or undercooked food advisory						✓
8	Time as public health control; procedures & records						✓	20	Licensed health care facilities, schools						✓
9	Proper cooling methods						✓	21	Hot and cold water availability	✓					
10	Proper cooking time and temperatures						✓	22	Sewage and wastewater properly disposed	✓					
11	Proper reheating procedures for hot holding						✓	23	No vermin, insects, birds, or animals	✓					
12	Returned and re-service of food					✓		55	Storm Water (www.flowstobay.org/food)	✓					

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#35. Replace broken ice scoop for ice machine.

#35 – Shelf above blenders is dilapidated and needs replacing.

#45 Floor area in corner of front kitchen (where small fan/air unit is located) needs cleaning.

#35 Replace (or turn over to good side) cutting boards that have too many grooves (not cleanable).

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Celebrations For Hire	Date	1/27/11
Address	796 El Camino Real	City	San Carlos
Owner		Record ID	2425/423 99
E-mail	P/E 1681	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	[x]						13	Food in good condition, safe and unadulterated	[x]					
2	Disease reporting, restrictions & exclusions	[x]						14	Food contact surfaces; clean and sanitized	[x]					
3	Discharge from eyes, nose, and mouth	[x]						15	Food obtained from approved sources	[x]					
4	Sanitary employee habits	[x]						16	Compliance with shell stock tags, display						[x]
5	Proper hand washing, glove use	[x]						17	Compliance with Gulf Oyster regulations						[x]
6	Adequate hand washing facilities supplied	[x]						18	Compliance with variance & HACCP Plan						[x]
7	Proper hot and cold holding temperatures	[x]						19	Raw or undercooked food advisory						[x]
8	Time as public health control; procedures & records						[x]	20	Licensed health care facilities, schools						[x]
9	Proper cooling methods						[x]	21	Hot and cold water availability	[x]					
10	Proper cooking time and temperatures	[x]				[x]		22	Sewage and wastewater properly disposed	[x]					
11	Proper reheating procedures for hot holding					[x]		23	No vermin, insects, birds, or animals	[x]					
12	Returned and re-service of food					[x]		55	Storm Water (www.flowstobay.org/food)	[x]					

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Note: Correction's made from previous inspectors Report.

Handwash sinks - OK
No Raw meat at this time
Cold holding below 41°f - OK
Chemical storage away from food - OK
Restrooms - OK
Mop sink with backflow
Sanitizer - OK
Hood system - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X John Smith	PRINT: John Smith	TITLE: Owner Operator	
SPECIALIST: Brent Sun	PHONE: 372-6251	page of	

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PROTECTING OUR HEALTH AND ENVIRONMENT

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FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name: Mack's BBQ | Date: 1/31/11
Address: 1754 Laurel | City: San Carlos
Owner | Record ID: 61907/61908
E-mail | P/E: 1624 | Follow-Up Date

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	X					
2	Disease reporting, restrictions & exclusions	X					
3	Discharge from eyes, nose, and mouth	X					
4	Sanitary employee habits	X					
5	Proper hand washing, glove use	X					
6	Adequate hand washing facilities supplied		X				
7	Proper hot and cold holding temperatures	X					
8	Time as public health control; procedures & records						X
9	Proper cooling methods	X					
10	Proper cooking time and temperatures	X					
11	Proper reheating procedures for hot holding	X					
12	Returned and re-service of food					X	
13	Food in good condition, safe and unadulterated	X					
14	Food contact surfaces; clean and sanitized	X					
15	Food obtained from approved sources	X					
16	Compliance with shell stock tags, display						X
17	Compliance with Gulf Oyster regulations						X
18	Compliance with variance & HACCP Plan						X
19	Raw or undercooked food advisory						X
20	Licensed health care facilities, schools						X
21	Hot and cold water availability	X					
22	Sewage and wastewater properly disposed	X					
23	No vermin, insects, birds, or animals	X					
55	Storm Water (www.flowstobay.org/food)	X					

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(#6) Install soap & paper towel dispensers to back restroom. (Temporary soap & paper towels being used at this time). (7 DAYS).

Note: Steam table at 137°F. Monitor closely. You may want to turn up temperature so that when you are busy, proper temperature can be maintained.

Note: Food Handler course taken. Documents verify passed class. Waiting for certificate.

Temperatures (cold hold) - ok Sanitizer - ok
Chemicals labeled & stored away from food - ok

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: [signature] | PRINT: J. MACKWOOD | TITLE: OWNER
SPECIALIST: BRENT GUIER | PHONE: 372-6251 | page of

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FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Chipotle Mexican Grill	Date	2/9/11
Address	1135 Industrial	City	San Carlos
Owner		Record ID	53777/59412
E-mail	P/E 1624	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	x						13	Food in good condition, safe and unadulterated						
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources						
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						
7	Proper hot and cold holding temperatures		x		x			19	Raw or undercooked food advisory						
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						
9	Proper cooling methods						x	21	Hot and cold water availability						
10	Proper cooking time and temperatures	x						22	Sewage and wastewater properly disposed						
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals						
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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(#7) chicken & beef (shredded) found on cooks line (Front service line) at 126-129°F. Both containers in shallow pans. Recommend deep pans that contact hot water in steam table to keep above 135°F. Note: Corrected during inspection. All other deep pans above 135°F - ok. Meats re-heated - ok

Handwash stations - ok Raw meat storage - ok
Sanitizing - ok No cross contamination issues noted - ok
Restrooms - ok Handwash & glove & utensil use - ok
Cold hold below 41°F - ok

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Alma Brave	PRINT:	TITLE:
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of

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FOOD SAFETY STATUS

- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Wing stop	Date	2/9/11
Address	1135 Industrial	City	San Carlos
Owner		Record ID	54077/59414
E-mail	P/E 1624	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	■						13	Food in good condition, safe and unadulterated	■					
2	Disease reporting, restrictions & exclusions	■						14	Food contact surfaces; clean and sanitized	■					
3	Discharge from eyes, nose, and mouth	■						15	Food obtained from approved sources	■					
4	Sanitary employee habits	■						16	Compliance with shell stock tags, display						■
5	Proper hand washing, glove use	■						17	Compliance with Gulf Oyster regulations						■
6	Adequate hand washing facilities supplied	■						18	Compliance with variance & HACCP Plan						■
7	Proper hot and cold holding temperatures	■						19	Raw or undercooked food advisory						■
8	Time as public health control; procedures & records						■	20	Licensed health care facilities, schools						■
9	Proper cooling methods							21	Hot and cold water availability	■					
10	Proper cooking time and temperatures	■						22	Sewage and wastewater properly disposed	■					
11	Proper reheating procedures for hot holding						■	23	No vermin, insects, birds, or animals	■					
12	Returned and re-service of food					■		55	Storm Water (www.flowstobay.org/food)	■					

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#29 label chemical spray bottles as too their content. (one not labeled & other not readable). (24 HRS)

Cold hold below 41°f - OK
Raw chicken stored away from other food items - OK
Hand wash stations (soap, paper towels, hot water) - OK
Dishwash sink sanitizer - OK wiping cloth sanitizer - OK
Restrooms - OK
Mop sink w/ backflow protection - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE:	Laurita L. Apollo	PRINT:	TITLE:
SPECIALIST:	BRENT GUIER	PHONE: 372-6251	page of

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
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Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Taqueria Mi Ranchito	Date	2/15/11
Address	660 Laurel St.	City	San Carlos
Owner		Record ID	588/42344
E-mail	P/E 1625	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [x] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	x						13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized	x					
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use	x						17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods	x						21	Hot and cold water availability	x					
10	Proper cooking time and temperatures	x						22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding	x						23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

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General Cleaning - OK
Hot & cold holt - OK
sanitizer (wiping cloths & dishwash) - OK
Handwash sink - OK

Note: All violations from previous inspection corrected.

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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- [ ] CLOSURE (55)

Facility Name	Siames Kitchen	Date	2/15/11
Address	637 Laurel	City	San Carlos
Owner		Record ID	2322/42397
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification		X					13	Food in good condition, safe and unadulterated	X					
2	Disease reporting, restrictions & exclusions	X						14	Food contact surfaces; clean and sanitized	X					
3	Discharge from eyes, nose, and mouth	X						15	Food obtained from approved sources	X					
4	Sanitary employee habits	X						16	Compliance with shell stock tags, display						X
5	Proper hand washing, glove use	X						17	Compliance with Gulf Oyster regulations						X
6	Adequate hand washing facilities supplied	X						18	Compliance with variance & HACCP Plan						X
7	Proper hot and cold holding temperatures	X						19	Raw or undercooked food advisory						X
8	Time as public health control; procedures & records						X	20	Licensed health care facilities, schools						X
9	Proper cooling methods					X		21	Hot and cold water availability	X					
10	Proper cooking time and temperatures	X						22	Sewage and wastewater properly disposed	X					
11	Proper reheating procedures for hot holding					X		23	No vermin, insects, birds, or animals	X					
12	Returned and re-service of food					X		55	Storm Water (www.flowstobay.org/food)	X					

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#1 Food handler certificate expired in July 2010. Obtain new certificate within 60 Days.

#30 Label all containers with food (that are not in original containers) with the content in the container. (ie. cocanut in candy container).

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- ☐ GOOD (52)
- ☐ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	Amazing Wok	Date	3/29/11
Address	1655 Laurel St.	City	San Carlos
Owner		Record ID	2314 / 59418
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: ☐ Routine ** ☒ Complaint ☐ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☐	☐	☐	☐	☐	☐	13	Food in good condition, safe and unadulterated	☐	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☐	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☐	☐	☐	☐	☐	☐
3	Discharge from eyes, nose, and mouth	☐	☐	☐	☐	☐		15	Food obtained from approved sources	☐	☐	☐	☐		
4	Sanitary employee habits	☐	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☐
5	Proper hand washing, glove use	☐	☐	☐	☐	☐		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☐
6	Adequate hand washing facilities supplied	☐	☐	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☐
7	Proper hot and cold holding temperatures	☐	☐	☐	☐	☐	☐	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☐
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☐	20	Licensed health care facilities, schools	☐	☐	☐	☐		☐
9	Proper cooling methods	☐	☐	☐	☐	☐	☐	21	Hot and cold water availability	☐	☐	☐	☐		
10	Proper cooking time and temperatures	☐	☐	☐	☐	☐	☐	22	Sewage and wastewater properly disposed	☐	☐	☐	☐		
11	Proper reheating procedures for hot holding	☐	☐	☐	☐	☐	☐	23	No vermin, insects, birds, or animals	☐	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☐	☐	55	Storm Water (www.flowstobay.org/food)	■	☐	☐	☐	☐	☐

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complaint received by our department regarding excess accumulation of grease throughout kitchen area.

No problems found relating to grease accumulation. Hood system - ok, Floor area ok, sides of equipment - ok.

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FOOD SAFETY STATUS
- ☐ EXCELLENT (51)
- ☐ GOOD (52)
- ☐ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	My Breakfast House	Date	2/18/11
Address	1137 Laurel	City	San Carlos
Owner		Record ID	60165/60166
E-mail	P/E 1624	Follow-Up Date	

Inspection Type: ☐ Routine ** ☐ Complaint ☒ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☐	☐	☐	☐	☐	☐	13	Food in good condition, safe and unadulterated	☐	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☐	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☐	☐	☐	☐	☐	☐
3	Discharge from eyes, nose, and mouth	☐	☐	☐	☐	☐		15	Food obtained from approved sources	☐	☐	☐	☐		
4	Sanitary employee habits	☐	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☐
5	Proper hand washing, glove use	☐	☐	☐	☐	☐		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☐
6	Adequate hand washing facilities supplied	☐	☐	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☐
7	Proper hot and cold holding temperatures	☐	☐	☐	☐	☐	☐	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☐
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☐	20	Licensed health care facilities, schools	☐	☐	☐	☐		☐
9	Proper cooling methods	☐	☐	☐	☐	☐	☐	21	Hot and cold water availability	☐	☐	☐	☐		
10	Proper cooking time and temperatures	☐	☐	☐	☐	☐	☐	22	Sewage and wastewater properly disposed	☐	☐	☐	☐		
11	Proper reheating procedures for hot holding	☐	☐	☐	☐	☐	☐	23	No vermin, insects, birds, or animals	☐	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☐	☐	55	Storm Water (www.flowstobay.org/food)	☒	☐	☐	☐	☐	☐

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Complied with previous report - ok

No stormwater ~~issued~~ problems noted.

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FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	REI	Date	1/5/11
Address	1119 Industrial	City	San Carlos
Owner		Record ID	2719
E-mail		P/E	1616
		Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						■	13	Food in good condition, safe and unadulterated	■					
2	Disease reporting, restrictions & exclusions	■						14	Food contact surfaces; clean and sanitized						■
3	Discharge from eyes, nose, and mouth	■						15	Food obtained from approved sources	■					
4	Sanitary employee habits	■						16	Compliance with shell stock tags, display						■
5	Proper hand washing, glove use	■						17	Compliance with Gulf Oyster regulations						■
6	Adequate hand washing facilities supplied	■						18	Compliance with variance & HACCP Plan						■
7	Proper hot and cold holding temperatures						■	19	Raw or undercooked food advisory						■
8	Time as public health control; procedures & records						■	20	Licensed health care facilities, schools						■
9	Proper cooling methods						■	21	Hot and cold water availability	■					
10	Proper cooking time and temperatures						■	22	Sewage and wastewater properly disposed	■					
11	Proper reheating procedures for hot holding						■	23	No vermin, insects, birds, or animals	■					
12	Returned and re-service of food					■		55	Storm Water (www.flowstobay.org/food)	■					

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#47 Post copy of report in public view.

No problems noted at this time

- Restrooms - ok
- Food storage - ok
- Janitorial facilities - ok

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

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- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Anitas Gifts & things	Date	1/19/11
Address	672 Laurel	City	San Carlos
Owner		Record ID	2696/42411
E-mail	P/E 1654	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☐	☐	☐	☐	☐	☐	13	Food in good condition, safe and unadulterated	☒	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☒	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☐	☐	☐	☐	☐	☐
3	Discharge from eyes, nose, and mouth	☒	☐	☐	☐	☐		15	Food obtained from approved sources	☒	☐	☐	☐		
4	Sanitary employee habits	☒	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☒
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6	Adequate hand washing facilities supplied	☒	☐	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☒
7	Proper hot and cold holding temperatures	☐	☐	☐	☐	☐	☒	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☒
8	Time as public health control; procedures & records	☐	☐	☐	☐	☐	☒	20	Licensed health care facilities, schools	☐	☐	☐	☐		☒
9	Proper cooling methods	☐	☐	☐	☐	☐	☒	21	Hot and cold water availability	☒	☐	☐	☐		
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#30 All bulk candy that doesn't have ingredients on the candy must have labels on containers. (30 DAYS)

#43 - Restroom door needs "Self Closing" device installed. Door needs to close by itself. (14 Days)

* Two compartment sink in back (O.K. until change of owner).

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Vercelli	PRINT: Linda Vercelli	TITLE: Owner	
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of	

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FOOD SAFETY STATUS

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- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	CVS/Pharmacy	Date	11/24/11
Address	11 El Camino Real	City	San Carlos
Owner		Record ID	59854/59863
E-mail	P/E 1613	Follow-Up Date	

Inspection Type: [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						X	13	Food in good condition, safe and unadulterated	X					
2	Disease reporting, restrictions & exclusions	X						14	Food contact surfaces; clean and sanitized						X
3	Discharge from eyes, nose, and mouth	X						15	Food obtained from approved sources	X					
4	Sanitary employee habits	X						16	Compliance with shell stock tags, display						X
5	Proper hand washing, glove use	X				X		17	Compliance with Gulf Oyster regulations						X
6	Adequate hand washing facilities supplied	X						18	Compliance with variance & HACCP Plan						X
7	Proper hot and cold holding temperatures	X						19	Raw or undercooked food advisory						X
8	Time as public health control; procedures & records						X	20	Licensed health care facilities, schools						X
9	Proper cooling methods						X	21	Hot and cold water availability	X					
10	Proper cooking time and temperatures						X	22	Sewage and wastewater properly disposed	X					
11	Proper reheating procedures for hot holding						X	23	No vermin, insects, birds, or animals	X					
12	Returned and re-service of food					X		55	Storm Water (www.flowstobay.org/food)	X					

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(45)

59864 already inspected 3-28-10 Hazmat

Cleaning under pallets in milk walk-in cooler needed. Food, etc. build-up found.

Milk held under 41°F - OK
Restrooms - OK

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San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS
- [x] EXCELLENT (51)
- [ ] GOOD (52)
- [ ] FAIR (53)
- [ ] POOR (54)
- [ ] CLOSURE (55)

Facility Name	Brittan Ave Shell	Date	1/25/11
Address	1098 El Camino Real	City	San Carlos
Owner		Record ID	61940 (Food) / 61939 (Tobacco)
E-mail	P/E 1616	Follow-Up Date	

Inspection Type [x] Routine ** [ ] Complaint [ ] Follow-Up [ ] Other [ ] Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification						x	13	Food in good condition, safe and unadulterated	x					
2	Disease reporting, restrictions & exclusions	x						14	Food contact surfaces; clean and sanitized						x
3	Discharge from eyes, nose, and mouth	x						15	Food obtained from approved sources	x					
4	Sanitary employee habits	x						16	Compliance with shell stock tags, display						x
5	Proper hand washing, glove use					x		17	Compliance with Gulf Oyster regulations						x
6	Adequate hand washing facilities supplied	x						18	Compliance with variance & HACCP Plan						x
7	Proper hot and cold holding temperatures	x						19	Raw or undercooked food advisory						x
8	Time as public health control; procedures & records						x	20	Licensed health care facilities, schools						x
9	Proper cooling methods						x	21	Hot and cold water availability	x					
10	Proper cooking time and temperatures						x	22	Sewage and wastewater properly disposed	x					
11	Proper reheating procedures for hot holding						x	23	No vermin, insects, birds, or animals	x					
12	Returned and re-service of food					x		55	Storm Water (www.flowstobay.org/food)	x					

**** A COPY OF THIS REPORT MUST BE IMMEDIATELY POSTED WHERE IT IS CLEARLY VISIBLE AND AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC**
See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 6 339.2

H.M. inspected storm 1-20-11

- Pre-packaged food only -

Refrigeration below 41°F - OK
Food stored off floor.
Chemicals away from or below food - OK
Restroom - OK
Hot & Cold water - OK
mop sink area - OK

Note: Tobacco products kept behind counter - OK

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Karen Varela	PRINT:	TITLE:	
SPECIALIST: BRENT GUIER	PHONE: 372-6251	page of	

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ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- ☐ EXCELLENT (51)
- ☐ GOOD (52)
- ☒ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	TAQUERIA EL METATE	Date	2/17/2011
Address	120 HARBOR	City	SAN CARLOS
Owner		Record ID	PR0002178
E-mail	P/E	Follow-Up Date	

Inspection Type ☐ Routine ** ☐ Complaint ☒ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☒	☐	☐	☐	☐	☐
2	Disease reporting, restrictions & exclusions	☒	☐	☐	☐		
3	Discharge from eyes, nose, and mouth	☒	☐	☐	☐	☐	
4	Sanitary employee habits	☒	☐	☐	☐	☐	
5	Proper hand washing, glove use	☐	☒	☐	☐	☐	
6	Adequate hand washing facilities supplied	☒	☐	☐	☐		
7	Proper hot and cold holding temperatures	☐	☒	☐	☐	☐	☐
8	Time as public health control; procedures & records	☐	☒	☐	☐	☐	☐
9	Proper cooling methods	☒	☐	☐	☐	☐	☐
10	Proper cooking time and temperatures	☒	☐	☐	☐	☐	☐
11	Proper reheating procedures for hot holding	☒	☐	☐	☐	☐	☐
12	Returned and re-service of food	☒	☐	☐	☐	☐	☐

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
13	Food in good condition, safe and unadulterated	☒	☐	☐	☐		
14	Food contact surfaces; clean and sanitized	☒	☐	☐	☐	☐	☐
15	Food obtained from approved sources	☒	☐	☐	☐		
16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☒
17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☒
18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☒
19	Raw or undercooked food advisory	☒	☐	☐	☐	☐	☐
20	Licensed health care facilities, schools	☐	☐	☐	☐		☒
21	Hot and cold water availability	☒	☐	☐	☐		
22	Sewage and wastewater properly disposed	☒	☐	☐	☐		
23	No vermin, insects, birds, or animals	☒	☐	☐	☐		
55	Storm Water (www.flowstobay.org/food)	☒	☐	☐	☐	☐	☐

** A COPY OF THIS REPORT MUST BE IMMEDIATELY POSTED WHERE IT IS CLEARLY VISIBLE AND AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC
See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-in compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable 39138

(5) Observed employee using clear gloves without washing hands first. Wash hands prior to glove use. Corrected onsite. Educate employees on glove use.

(7) Observed salsa sitting on top of ice in salsa bar. Submerge salsa containers in ice bed to be the same level as in the food containers. Corrected on site. Salsa was just put out.

(8) Observed chile rellenos out ~~of~~ at room temperature next to steam table. Rellenos have been out for 2 hours and are 92.2°F. No discard log is present to properly have time as a public health control. Document date and time rellenos have been put out including discard time. Properly mark food items to be discarded after 4 hours.

* Proper cooling in shallow pans noted

ADDITIONAL INPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: Javier Colmenero	PRINT:	TITLE:
SPECIALIST: [signature]	PHONE:	page 1 of 1

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STORMWATER INSPECTIONS & VIOLATIONS SUMMARY

Municipality: Mobile Food
Period Covered by this Report: July 1 through Sept 30, 2011
Period Covered by the Previous Report: April 1 through June 30, 2011
Date:

	Haz Mat	Food
Total Number of Inspections:	33	1
Total Number of Violations:	0	0
Total Follow-up Actions:	0	0
Total Violations Corrected:	0	0
Total Violations Pending:	0	0

NAME ADDRESS TYPE OF BUSINESS	VIOL. DATE	INSP	TYPES OF VIOLATIONS		COMMENTS AND/OR DESCRIPTION OF VIOLATION	ENFORCEMENT ACTIONS					FOLLOW-UP ACTION	VIOLATIONS CORRECTED (YES/NO)	DATE CORRECTED
			PTNL + BMP ≥ 4	NSW	including whether violating flow reached a creek or other waterbody, (name waterbody)	NONE	VW	WN	AA$	LA			

Type of Violation:
PTNL + BMP ≥ 4 — If the combined value of high potential for a Pollutant Discharge plus poor BMPs equals 4, Follow-up Action is required
NSW Non-Stormwater Discharge — Discharge of non-stormwater materials to storm drain system. Non-stormwater discharges are allowed by the NPDES permit as conditgionally exempted should not be identified as a NSW violation.

Enforcement Actions:
None No Action Taken
VW Verbal Warning
WN Warning Notice
AA$ Admin. Action with Penalty
LA Legal Notice

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water, Healthy Community

City: San Carlos ☐ Unincorporated
Date: 5/13/11 Time: 3:50
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☐ Routine Inspection ☒ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY: WALGREENS | SITE ADDRESS: El Camino

CONTACT NAME: RICH STEFFEN | PHONE: MANAGER | BUSINESS TYPE/ACTIVITY: DRUG STORE | SIC:

Is the property owner different than the facility owner? ☐ yes ☐ no If yes, complete the following: ☐ High Priority Facility

NAME PHONE

MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☒ Sanitary sewer

☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department(hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **REMARKS:** Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas					☐
B. Outdoor Material Storage Areas					☐
C. Outdoor Waste Storage/Disposal Areas					☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas					☐
E. Outdoor Parking Areas and Access Roads					☐
F. Outdoor Wash Areas					☐
G. Rooftop Equipment					☐
H. Outdoor Drainage from Indoor Areas					☐
I. Other (describe):					☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

RESPONDED TO COMPLAINT RE CAR WASH

STORE WAS HOLDING CAR WASH FOR AMERICAN CANCER ONLY A HANDFUL OF CARS WASHED - MGR WAS FINISHING UP WHEN I SHOWED UP - EDUCATED MGR OF STORM WATER REGULATIONS

NO MORE CARS WASHED

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☐ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☐ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

D:\HAZMAT\StormWater\Insp Forms\New Logo InspForm final 1.08.doc

Facility Representative: Inspector:

PR 41317 S 10

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 5/16/11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☒ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Walgreens
SITE ADDRESS: 1414 El Camino Real

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
		drug store	

Pollutants of Concern Used at Facility? ☐ yes ☐ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas					
B. Outdoor Material Storage Areas					
C. Outdoor Waste Storage/Disposal Areas					
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas					
E. Outdoor Parking Areas and Access Roads					
F. Outdoor Wash Areas					
G. Rooftop Equipment					
H. Outdoor Drainage from Indoor Areas					
I. Other (describe):					

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

Follow up to Carwashing activity on 5/13

Carwashing has ceased, no wash residue or material remains on-site.

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 5/5/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Ramos Woodworking
SITE ADDRESS: 675 Taylor

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Greg Ramos	642-5286	woodworking	

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas		1	1		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

Improve maintenance of exterior behind shop - area is filled with wood debris, empty containers of thinner/stain/paint & full waste containers.

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater 20101010

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SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 4-15-11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Oil Changer

SITE ADDRESS: 1188 El Camino Real

CONTACT NAME: Chris O'Connor

PHONE: 591-0695

BUSINESS TYPE/ACTIVITY: Auto repair

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☒ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☒ Above ground storage tanks
☐ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	**N/A**	Poten-tial **PTNL**	Effect-iveness **BMP**	Actual Discharge **NSW**	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas		2	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		2	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☒ yes ☐ no

stormdrains are not clogged but have sediment and other debris, no hazardous waste observed ~~are~~ or of concern.

Continue best efforts to keep area clean & drains free of debris.

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terrell

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SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 6/22/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☑ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY Flextronic

SITE ADDRESS 1000 Commercial

CONTACT NAME Chet Green

PHONE 596-8000

BUSINESS TYPE/ACTIVITY plating/anodizing

SIC

Pollutants of Concern Used at Facility? ☑ yes ☐ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☑ Copper solid metal ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)

☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☑ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If NSW is found, or total score for PTNL plus BMP is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas		1	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M Terrell

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PR pending 67290 3

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 5/19/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☑ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY 880 Auto Works

SITE ADDRESS 880 El Camino Real

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Simon Lui	598-9288	auto repair	

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)

☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
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ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas	/				
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

- 21404

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 5/3/11 ☐ Food ☐ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | **Follow-up / Re-Inspection Due:**

NAME OF FACILITY Kelly Moore | SITE ADDRESS 1075 Commercial

CONTACT NAME Jasjit Bal | PHONE 595-1654 | BUSINESS TYPE/ACTIVITY paint retail & equip repair | SIC

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas	✓				
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):					

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: Businesses with a follow-up/re-inspection should be assigned High	☐ High - Annual	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:
ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: Jasjit Kam Bal Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater/20101020

45549 1 5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 5/5/11 / 5/6/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Pep Boys
SITE ADDRESS: 1087 Old County

CONTACT NAME: Brandon Grikoki
PHONE: 632-1522
BUSINESS TYPE/ACTIVITY: auto repair & retail
SIC:

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas		1	0		non-haz solid - improve maintenance of garbage area, debris observed accumulated outside bin - garbage & yard waste.
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☑ no

No violations observed - Continue to monitor exterior area to promptly address any leaks/spills or abandoned waste.

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 4/26/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Bel Air International
SITE ADDRESS: 795 Skyway

CONTACT NAME: Alex Alabed
PHONE: 596-9900
BUSINESS TYPE/ACTIVITY: flight training
SIC:

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas		1	0		non-haz only
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		1	0		
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☑ no

No violations observed - facility drains to San Carlos Airport

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: Alex Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 4-28-11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Creative Cabinets

SITE ADDRESS: 217 Old County

CONTACT NAME:

PHONE: 591-2186

BUSINESS TYPE/ACTIVITY: wood work

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☒ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s):

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	Follow-Up Action Required: If NSW is found, or total score for PTNL plus BMP is 4 or more, note Enforcement Level below and assign date for Follow-up / Re-Inspection Due above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas		1	0		non-haz solid
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed - driveway / rollup door well maintained

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: _____

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

S

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 4/26/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY B&H Technical Ceramics

SITE ADDRESS 390 Industrial

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Gary Horn	631-1171	Ceramic mfg	

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)

☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Poten-tial PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas		1	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed - monitor containers stored outside to prevent water accumulation

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: Businesses with a follow-up/re-inspection should be assigned High	☐ High - Annual	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 4/26/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Glass Aviation
SITE ADDRESS: 795 Skyway Rd

CONTACT NAME: James Calkins
PHONE: 596-0975
BUSINESS TYPE/ACTIVITY: Aviation
SIC:

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas	✓				
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

26275
4308

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

PR0041226

S

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 4/25/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Howard Avenue Radiator

SITE ADDRESS: 1150 Howard Ave

CONTACT NAME: William Schaldach

PHONE: 595-3540

BUSINESS TYPE/ACTIVITY: radiator repair

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)

☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s):

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	Follow-Up Action Required: If NSW is found, or total score for PTNL plus BMP is 4 or more, note Enforcement Level below and assign date for Follow-up / Re-Inspection Due above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas		1	0		
C. Outdoor Waste Storage/Disposal Areas	/				non-haz only
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: Businesses with a follow-up/re-inspection should be assigned High	☐ High - Annual	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 4/19/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Cal Art & Engraving
SITE ADDRESS: 350 Industrial
CONTACT NAME: Dave Adams
PHONE: 592-5357
BUSINESS TYPE/ACTIVITY: plating & photo process
SIC:

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas		1	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: Dave Adams Inspector: M. Terrill

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

S

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 4/28/10 Time:
☐ Facility has closed ☐ Facility information has changed

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | Follow-up Inspection Due:

NAME OF FACILITY Nielsens Automotive | SITE ADDRESS 888 El Camino Real

CONTACT NAME Chris Nielsen | PHONE 593-9698 | BUSINESS TYPE/ACTIVITY gas station/autorepair | SIC

Is the property owner different than the facility owner? ☐ yes ☐ no If yes, complete the following: ☐ High Priority Facility
NAME PHONE
MAILING ADDRESS

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☑ Air quality ☑ Hazmat business plan ☑ Underground storage tanks ☐ Above ground storage tanks
☑ Fire department(hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	N/A	Potential PTNL	Effect-iveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
A. Outdoor Process/Manufacturing Areas	✓				☐
B. Outdoor Material Storage Areas	✓				☐
C. Outdoor Waste Storage/Disposal Areas		1	0		☐ non-haz solid
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		1	0		☐
E. Outdoor Parking Areas and Access Roads		1	0		☐
F. Outdoor Wash Areas	✓				☐
G. Rooftop Equipment	✓				☐
H. Outdoor Drainage from Indoor Areas		1	0		☐
I. Other (describe):	✓				☐

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed- hazardous materials are well maintained

☐ See attached for more comments.

PRIORITY FOR RE-INSPECTION: ☑ 1; First ☐ 2; Second ☐ 3; Third | ☐ Referred to: Details:

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Administrative Action ☐ Administrative Action w/ Penalty &/or Cost Recovery ☐ Legal Action

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Facility Representative: [signature] Inspector: M Terrell

PR 41094

SAN MATEO COUNTYWIDE Water Pollution Prevention Program

Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: ~~3-9-11~~ 4/11/11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: San Carlos Shell

SITE ADDRESS: 500 El Camino Real

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Joey Wu	631-4566	gas station / auto repair	

Pollutants of Concern Used at Facility? ☐ yes ☒ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☒ Air quality ☒ Hazmat business plan ☒ Underground storage tanks ☐ Above ground storage tanks

☒ Fire department (hazmat storage) ☒ Hazmat waste generator ☒ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas		1	0		coolant & filters outside oil in closed secondary
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed - drums appear well maintained

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☐ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

S.C.

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: ~~[illegible]~~ ☐ Unincorporated

Date: 4/8/11 ☐ Food ☐ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Kelly Moore Paints

SITE ADDRESS: Old County Rd

CONTACT NAME:

PHONE: 701-0137

BUSINESS TYPE/ACTIVITY: Paint Store

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If NSW is found, or total score for PTNL plus BMP is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas					
C. Outdoor Waste Storage/Disposal Areas		1	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment		1	0		
H. Outdoor Drainage from Indoor Areas	/				
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No Violations at time of inspection.

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☐ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: on behalf of Kelly Moore [signature] Inspector: S Lane

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

PR0052455

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 6/6/11 ☐ Food ☐ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Huber Precision

SITE ADDRESS: 585 Taylor #5

CONTACT NAME: Hans Huber

PHONE: 802-8200

BUSINESS TYPE/ACTIVITY: machine shop

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas	✓				
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		shared parking lot
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: Businesses with a follow-up/re-inspection should be assigned High	☐ High - Annual	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action
☑ None				

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

PR0093501 S

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 6/16/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY Equity Office

SITE ADDRESS 999 Skyway Rd

CONTACT NAME Shawn Kelly

PHONE 591-7303

BUSINESS TYPE/ACTIVITY office w/ generator

SIC

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)

☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas		1	0		double walled generator tank
C. Outdoor Waste Storage/Disposal Areas	✓				
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads	✓				
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas	✓				
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: Businesses with a follow-up/re-inspection should be assigned High	☐ High - Annual	☐ Medium – every 2 yrs.	☑ Low – every 5 yrs.	☐ Referred to:
ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101001

PR0049509 S

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 6-13-11 ☐ Food ☐ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up | **Follow-up / Re-Inspection Due:**

NAME OF FACILITY: Cambron Auto Body | SITE ADDRESS: 244 Industrial

CONTACT NAME: Bob Cambron | PHONE: 637-8022 | BUSINESS TYPE/ACTIVITY | SIC

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas	✓				
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		facility is in light industrial park, parking area & connecting roads are ~~[illegible]~~ shared.
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVEL: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

PROO 46352 5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 6/8/11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up | **Follow-up / Re-Inspection Due:**

NAME OF FACILITY: Royalite Manufacturing | SITE ADDRESS: 1055 Terminal

CONTACT NAME: Bob Amarillas | PHONE: 637-1440 | BUSINESS TYPE/ACTIVITY: skylight manuf. | SIC

Pollutants of Concern Used at Facility? ☐ yes ☒ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	**N/A**	Potential **PTNL**	Effectiveness **BMP**	Actual Discharge **NSW**	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas		1	0		solid material
C. Outdoor Waste Storage/Disposal Areas		1	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):					

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/stormwater_20101020

PR 46070 5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 8/6/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY Peninsula Laboratories

SITE ADDRESS 305 Old County Rd

CONTACT NAME Kristin Hendricks

PHONE

BUSINESS TYPE/ACTIVITY biotech reagents

SIC

Pollutants of Concern Used at Facility? ☑ yes ☐ no If yes, indicate which ones: ☐ PCBs ☑ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)

☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas		1	0		non-haz solid
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	/				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: Businesses with a follow-up/re-inspection should be assigned High	☐ High - Annual	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:
ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: Kristin Hendricks Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

PR0041274

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 6/6/11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: RM Manufacturing

SITE ADDRESS: 950 Terminal

CONTACT NAME: Michelle Myhre

PHONE: 591-4178

BUSINESS TYPE/ACTIVITY: Machine shop

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☒ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)
☐ None ☐ Sanitary sewer
☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s):

Follow-Up Action Required: If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW
A. Outdoor Process/Manufacturing Areas	✓			
B. Outdoor Material Storage Areas	✓			
C. Outdoor Waste Storage/Disposal Areas	✓			
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓			
E. Outdoor Parking Areas and Access Roads		1	0	
F. Outdoor Wash Areas	✓			
G. Rooftop Equipment	✓			
H. Outdoor Drainage from Indoor Areas		1	0	
I. Other (describe):	✓			

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: [signature] Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

PR 66038

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 5/27/11 ☐ Food ☐ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☑ First Inspection ☐ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Recology
SITE ADDRESS: 225 Shoreway

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Chris Gibson	595-3900	garbage hauler	

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☑ Air quality ☑ Hazmat business plan ☑ Underground storage tanks ☐ Above ground storage tanks
☑ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☒ General: Industrial Does the facility have a SWPPP? ☑ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If NSW is found, or total score for PTNL plus BMP is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas		1	0		
C. Outdoor Waste Storage/Disposal Areas		2	1		~~[illegible]~~ improve stormdrain filters - in process to reduce solid waste in drains.
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		1	0		
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				washrack
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe): fueling		1	0		

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: C. Gibson Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

5

SAN MATEO COUNTYWIDE Water Pollution Prevention Program

Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 5/24/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY Holly Petroleum

SITE ADDRESS 907 Holly St

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Mosen Amirifard	595-1191	gas station	

Pollutants of Concern Used at Facility? ☐ yes ☐ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☑ Air quality ☑ Hazmat business plan ☑ Underground storage tanks ☐ Above ground storage tanks

☑ Fire department (hazmat storage) ☑ Hazmat waste generator ☑ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas		1	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	/				
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas	/				
I. Other (describe): floating		1	0		

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☑ yes ☐ no

No violations observed - leaves and other natural debris in drains, recommend cleaning

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

PR0041227

San Mateo Countywide
Stormwater Pollution Prevention Program
Standard Stormwater Facility Inspection Report Form

Municipality: San Carlos
Date: 5/16/11
Inspector: M. Terrell

Reason for Inspection: ☐First Inspection ☑Routine Inspection ☐Complaint ☐Other

Facility location: ☑ Incorporated ☐ Unincorporated

NAME OF FACILITY: Siedl Steel

SITE ADDRESS: 500 Bregado

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Peter Grech	952-6203	metal fab	

Is the facility covered under any other programs or permits? (Check all that apply.)

☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Aboveground storage tanks
☐ Fire department (hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Regional Board)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; POTENTIAL for Pollutant Exposure without BMPs: 1 = low potential, 2 = medium potential, 3 = high potential
ACTUAL Type of Discharge: BMP: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
PEX = Pollutant Exposure, NSW = Non-Stormwater Discharge

AREAS OF ACTIVITY	N/A	POTENTIAL	ACTUAL			REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a *requirement*.
			BMP	PEX	NSW	
A. Outdoor Process/Manufacturing Areas	/					☐
B. Outdoor Material Storage Areas		1	0			☐
C. Outdoor Waste Storage/Disposal Areas						☐
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas						☐
E. Outdoor Parking Areas and Access Roads						☐
F. Outdoor Wash Areas						☐
G. Rooftop Equipment						☐
H. Outdoor Drainage from Indoor Areas						☐
I. Other (describe):						☐

Outreach material distributed: STOPPP Brochure ☐Industrial brochure ☐ BMP Information ☐

The existing operational practices of the facility ☐ Do / ☐ Do Not reduce pollutant discharge to the storm drain system to the maximum extent practicable.

ADDITIONAL COMMENTS/REMARKS

Compressed gas storage only - No violations observed
& minimal paint in secondary containment

☐ Facility map available ☐ See attached for more comments.

FIRST Follow-up Inspection (Date & Findings)

SECOND Follow-up Inspection (Date & Findings)

PRIORITY FOR RE-INSPECTION: ☐ First ☐ Second ☑ Third

ENFORCEMENT: ☑ None ☐ Verbal Notice ☐ Warning Notice ☐ Informal Violation ☐ Formal Violation ☐ Legal Action

Received by:

Facility Representative Signature: Michael J. Grizzle Date: 5/16/11

Print Name of Facility Representative: Michael J. Grizzle Inspector's Signature: [signature]

PR0041277 7 5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 5/16/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Eurotech Collision
SITE ADDRESS: 171 Industrial Rd

CONTACT NAME: Michael Keynejad
PHONE: 654-6805
BUSINESS TYPE/ACTIVITY: auto body
SIC:

Pollutants of Concern Used at Facility? ☐ yes ☐ no If yes, indicate which ones: ☐ PCBs ☑ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	/				
B. Outdoor Material Storage Areas	/				
C. Outdoor Waste Storage/Disposal Areas		1	0		non-haz solid, recyclable metals
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		1	0		
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas		1	0		wash rack
G. Rooftop Equipment	/				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):					

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☑ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M Terell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

41210 4 5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 5/3/11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY PG & E

SITE ADDRESS 275 Industrial

CONTACT NAME Jenifer Hope

PHONE 598-7422

BUSINESS TYPE/ACTIVITY Utility service center

SIC

Pollutants of Concern Used at Facility? ☑ yes ☐ no If yes, indicate which ones: ☑ PCBs ☐ Mercury ☑ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☑ Hazmat business plan ☑ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☑ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas		1	0		
C. Outdoor Waste Storage/Disposal Areas		1	0		
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		1	0		
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				washrack
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☑ Maintenance required in storm drain system ☐ yes ☑ no

Areas where oil is stored is in secondary containment

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

4261 S

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 5-2-11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Shack Bros.

SITE ADDRESS: 639 B Quarry Rd

CONTACT NAME: Charles Black

PHONE: 594-1581

BUSINESS TYPE/ACTIVITY: motorcycle repair

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☐ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas		1	0		non-haz solid
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓	1	0		
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

4:30pm 5

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated
Date: 5/3/11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Leslie's Swimming Pool
SITE ADDRESS: 770 El Camino Real

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Matt Zut	592-6900	pool chemicals retail	

Pollutants of Concern Used at Facility? ☐ yes ☒ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☐ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas		1	0		non-haz solid
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

SAN MATEO COUNTYWIDE
Water Pollution Prevention Program
Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 5-5-11 ☐ Food ☑ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☑ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Frans Mercedes Service

SITE ADDRESS: 219 A Old County Rd

CONTACT NAME	PHONE	BUSINESS TYPE/ACTIVITY	SIC
Marcelo Quiroc	591-7981	auto repair	

Pollutants of Concern Used at Facility? ☐ yes ☑ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer
☐ Air quality ☐ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks
☐ Fire department (hazmat storage) ☑ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☑ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)
☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓				
C. Outdoor Waste Storage/Disposal Areas		1	0		non-haz solid
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	✓				
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☑ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☑ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: _____ Inspector: M. Terell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

05316

SAN MATEO COUNTYWIDE Water Pollution Prevention Program

Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 5/11/11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Mayne Tree Expert Co.

SITE ADDRESS: 535 Bragato

CONTACT NAME: Richard Huntington

PHONE: 595-4400

BUSINESS TYPE/ACTIVITY: tree care

SIC:

Pollutants of Concern Used at Facility? ☒ yes ☐ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☒ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.)

☐ None ☐ Sanitary sewer

☐ Air quality ☒ Hazmat business plan ☐ Underground storage tanks ☐ Above ground storage tanks

☐ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW	☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s): **Follow-Up Action Required:** If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.
A. Outdoor Process/Manufacturing Areas	✓				
B. Outdoor Material Storage Areas	✓	1	0		no pesticides, waste oil only
C. Outdoor Waste Storage/Disposal Areas					
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		1	0		
E. Outdoor Parking Areas and Access Roads		1	0		
F. Outdoor Wash Areas	✓				
G. Rooftop Equipment	✓				
H. Outdoor Drainage from Indoor Areas		1	0		
I. Other (describe):	✓				

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

copper used as fungicide applied off-site ~~stored~~ at customer locations - ~~residential~~ landscape only. Stored in shipping container.

No violations observed - monitor back drain & remind employees only clean water / rain water to drain

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual Businesses with a follow-up/re-inspection should be assigned High	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: Richard P. Huntington Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

1 5

SAN MATEO COUNTYWIDE Water Pollution Prevention Program

Clean Water. Healthy Community.

City: San Carlos ☐ Unincorporated

Date: 5/11/11 ☐ Food ☒ Haz Mat

Standard Stormwater Facility Inspection Report Form

Reason for Inspection: ☐ First Inspection ☒ Routine Inspection ☐ Response to Complaint ☐ Follow-up

Follow-up / Re-Inspection Due:

NAME OF FACILITY: Auto Pride Car Wash

SITE ADDRESS: 195 El Camino Real

CONTACT NAME: Lee Poston

PHONE: 591-4638

BUSINESS TYPE/ACTIVITY: Carwash & auto repair

SIC:

Pollutants of Concern Used at Facility? ☐ yes ☒ no If yes, indicate which ones: ☐ PCBs ☐ Mercury ☐ Copper ☐ Other _____

Is the facility covered under any other programs or permits? (Check all that apply.) ☐ None ☐ Sanitary sewer

☒ Air quality ☒ Hazmat business plan ☒ Underground storage tanks ☐ Above ground storage tanks

☒ Fire department (hazmat storage) ☒ Hazmat waste generator ☐ Retail food facility ☐ Other _____

Is the facility covered under a storm water permit? ☒ Does not need coverage ☐ No, but may need to be (Refer to Water Board staff)

☐ Individual ☐ General: Does the facility have a SWPPP? ☐ yes ☐ no

N/A = Not Applicable; **PTNL** = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential **NSW** = Non-Stormwater Discharge

BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented

☐ Check box if educational outreach material is distributed and provide title(s) of outreach material(s):

Follow-Up Action Required: If **NSW** is found, or total score for **PTNL** plus **BMP** is 4 or more, note **Enforcement Level** below and assign date for **Follow-up / Re-Inspection Due** above.

ACTIVITY AREAS	N/A	Potential PTNL	Effectiveness BMP	Actual Discharge NSW
A. Outdoor Process/Manufacturing Areas	/			
B. Outdoor Material Storage Areas	/			
C. Outdoor Waste Storage/Disposal Areas		1	0	
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas	/			
E. Outdoor Parking Areas and Access Roads		1	0	
F. Outdoor Wash Areas		1	0	
G. Rooftop Equipment	/			
H. Outdoor Drainage from Indoor Areas		1	0	
I. Other (describe):	/			

COMMENTS/REMARKS/REQUIREMENTS Structural control present ☐ Maintenance required in storm drain system ☐ yes ☐ no

No violations observed

☐ See attached for more comments.

PRIORITY ROUTINE INSPECTION: ☐ High - Annual	☒ Medium – every 2 yrs.	☐ Low – every 5 yrs.	☐ Referred to:
Businesses with a follow-up/re-inspection should be assigned High			

ENFORCEMENT LEVELS: ☒ None	1.☐ Verbal Warning	2.☐ Warning Notice or Admin. Action	3.☐ Admin. Action with Penalty &/or Cost Recovery	4.☐ Legal Action

Were violations corrected ≤10 days or otherwise deemed resolved in a longer, but still timely manner? ☐ N/A ☐ yes ☐ no or ☐ see Follow-Up Inspection Report

Facility Representative: 5/11/11 Inspector: M. Terrell

L/Open/Hazmat/Admin/CurrentForms/Stormwater_20101020

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY
PROTECTING OUR HEALTH AND ENVIRONMENT

Food Program Inspection Report

San Mateo County Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
(650) 372-6200 Fax (650) 627-8244 www.smhealth.org/food

FOOD SAFETY STATUS

- ☐ EXCELLENT (51)
- ☑ GOOD (52)
- ☐ FAIR (53)
- ☐ POOR (54)
- ☐ CLOSURE (55)

Facility Name	White Oaks School	Date	5/12/11
Address	1901 White Oaks	City	San Carlos
Owner		Record ID	52043
E-mail	P/E 1632	Follow-Up Date	

Inspection Type ☑ Routine ** ☐ Complaint ☐ Follow-Up ☐ Other ☐ Reinspection

	California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA		California Health & Safety Code Violations	IN	OUT	MAJ	COS	NO	NA
1	Demonstration of knowledge, food manager certification	☑	☐	☐	☐	☐	☐	13	Food in good condition, safe and unadulterated	☑	☐	☐	☐		
2	Disease reporting, restrictions & exclusions	☑	☐	☐	☐			14	Food contact surfaces; clean and sanitized	☑	☐	☐	☐	☐	☐
3	Discharge from eyes, nose, and mouth	☑	☐	☐	☐	☐		15	Food obtained from approved sources	☑	☐	☐	☐		
4	Sanitary employee habits	☑	☐	☐	☐	☐		16	Compliance with shell stock tags, display	☐	☐	☐	☐	☐	☑
5	Proper hand washing, glove use	☑	☐	☐	☐	☐		17	Compliance with Gulf Oyster regulations	☐	☐	☐	☐	☐	☑
6	Adequate hand washing facilities supplied	☐	☑	☐	☐			18	Compliance with variance & HACCP Plan	☐	☐	☐	☐		☑
7	Proper hot and cold holding temperatures	☑	☐	☐	☐	☐	☐	19	Raw or undercooked food advisory	☐	☐	☐	☐	☐	☑
8	Time as public health control; procedures & records	☐	☐	☐	☐	☑	☐	20	Licensed health care facilities, schools	☑	☐	☐	☐		☐
9	Proper cooling methods	☐	☐	☐	☐	☑	☐	21	Hot and cold water availability	☑	☐	☐	☐		
10	Proper cooking time and temperatures	☐	☐	☐	☐	☑	☑	22	Sewage and wastewater properly disposed	☑	☐	☐	☐		
11	Proper reheating procedures for hot holding	☐	☐	☐	☐	☑	☐	23	No vermin, insects, birds, or animals	☑	☐	☐	☐		
12	Returned and re-service of food	☐	☐	☐	☐	☑	☐	55	Storm Water (www.flowstobay.org/food)	☑	☐	☐	☐	☐	☐

** A COPY OF THIS REPORT MUST BE IMMEDIATELY POSTED WHERE IT IS CLEARLY VISIBLE AND AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC
See reverse side for the code sections and general requirements that correspond to each violation listed below.
IN-In compliance OUT-out of compliance MAJ-major violation COS-corrected on site NO-not observed NA-not applicable

This is a warming kitchen only (no cooking). Nob Hill caters to them.

(6) Notes: There are 2 handsinks here. One has soap and paper towels available, the other one does not have soap, and if kids are to wash their hands here, there is no soap. The other soap dispenser is hard to reach (for kids). → Provide a soap dispenser at the white handwash sink. Do by 5/26/11.

* Hot-holding of food is above 135°F
* Cold-holding is below 41°F.
* Food comes prepackaged.

ADDITIONAL INSPECTIONS REQUIRED TO ACHIEVE MINIMUM COMPLIANCE MAY RESULT IN BILLING AT AN HOURLY RATE AS PER SAN MATEO COUNTY ORDINANCE

SIGNATURE: X	PRINT:	TITLE:
SPECIALIST: Amrutni Khare	PHONE: 650-372-6201	page of

FOR OFFICIAL USE ONLY ☐ CODE A-9 ☐ CODE B9-11 ☐ CODE C11.1 ☐ CODE D1.3 ☐ CODE E3.5 ☐ CODE F5+