

# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

- ROUTINE INSPECTION
- FOLLOW-UP
- ENF. FOLLOW-UP
- COMPLAINT
- INVESTIGATION
- OPENING INSPECTION
- NEW OWNER  YES  NO
- INSPECTION DATE 9-27-04 A.M.  P.M.

CLIENT NO.  
00510346

STATE I.D.  
024148

ANTONIOUS PIZZA  
918 S. ROCHESTER RD  
ROCHESTER HILLS MI 48307

CVT# 262




MANAGER/OWNER  
MATTHEW ANTONIOU


ESTABLISHMENT PHONE  
248-650-2200

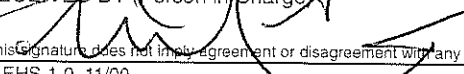
09-28-04P01:13 RCVD

NSDI 3-28-05  
RUN DATE 08/05/04  
FOLLOW-UP DATE 10-7-04  
RED. FREQ. YES  NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Corrected Violation: Employee wearing ball cap.	
<b>*CRITICAL VIOLATIONS*</b>			
2-401.11	C	Employee food stored above customer food in walk-in. All employee food + beverage must be stored below + away from All customer food or food contact items. Designate a location on bottom shelf.	10-7-04
3-302.11	C	Raw shell eggs stored above lettuce in walk-in. All raw animal product must be stored below + away from All cooked/ready-to-eat food @ ALL times to prevent cross contamination	
3-301.11	C	Employees using same ingredients to make Salads + Subs. Gloves are worn to make Salads, but not worn for subs that are heated. MUST separate ingredients OR utilize gloves to make ALL Salads + Subs. No bare hand contact w/ ready-to-eat food @ ANY time.	
3-501.17 Repeat	C	No date marking on lunch meats or needles. All ready-to-eat OR cooked to order potentially hazardous food kept over 24 hrs. MUST be dated w/ a use-by date no more than 7 days including prep/open date.	

WATER MUNICIPAL <input checked="" type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/>	MANAGER CERTIFIED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ON-SITE <input type="checkbox"/>	ON-SITE <input type="checkbox"/>	ISSUED _____			All critical violations corrected: <input type="checkbox"/> Yes
VSSN# _____					Critical violations not corrected this date:
SAMPLE COLLECTED <input type="checkbox"/>					
SANITARIAN NAME <b>LAWSON</b>		ID# <b>218</b>	SEATING CAPACITY <u>3</u> <b>Y</b>		
			NON-SMOKING AREA YES <input type="checkbox"/> NO <input type="checkbox"/>		

INSPECTED BY 

RECEIVED BY (Person in Charge) 

This Signature does not imply agreement or disagreement with any violation noted.

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Antonios Pizza</i>	STATE I.D. NUMBER <i>24148</i>
ADDRESS <i>918 S. Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4-202.11</i> <i>Repeat</i>	<i>C</i>	<i>Facility re-using single use aluminum pans. Pans heavily damaged/soiled. Provide multi-use food grade containers OR use single use containers one time only.</i>	<i>10-704</i>
<i>4-602.11</i>	<i>C</i>	<i>Can opener blade soiled. All food contact surfaces MUST be cleaned &amp; sanitized routinely to prevent buildup.</i>	
<i>4-501.114</i> <i>Repeat</i>	<i>C</i>	<i>Dishmachine not sanitizing. MUST be 30-100ppm to sanitize properly. Monitor sanitizer level routinely w/ test strips to verify concentration.</i>	<i>Sanitizer present @ paper line this time</i>
<i>5-402.11</i>	<i>C</i>	<i>No air gap @ ice machine drain line. MUST provide 2" air gap to prevent sewage back flow into ice machine. Raise drain line above flood rim of floor drain.</i>	
<i>5-403.11</i>	<i>C</i>	<i>No mop sink in facility. Employees</i>	
<i>5-203.13</i>	<i>NC</i>	<i>disposing mop water outside MUST utilize proper sewage disposal system (sanitary sewer) for mop water. Provide utility</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>9-27-04</i>
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Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Antonios Pizzeria</i>	STATE I.D. NUMBER <i>24148</i>
ADDRESS <i>918 S. Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>Sink to facility. Dispose mop water in toilet or floor drain until sink is installed. Do NOT dump outside.</i>	
<i>7-201.11</i>	<i>C</i>	<i>Chemical spray bottles stored next to food items on shelf below prep table in bar area. Store ALL chemicals below + away from ALL food/food contact items.</i>	<i>10-7-04</i>
<i>Repeat</i>		<i>Non-Critical Violations</i>	
<i>3-304.12</i>	<i>NC</i>	<i>Several scoops in bulk bins w/ handles touching food product. MUST store scoops w/ handles out of food product.</i>	
<i>3-304.14</i>	<i>NC</i>	<i>No wiping cloth bucket in prep area. MUST provide sanitizer bucket for storage of cloths use to sanitize prep surfaces.</i>	
<i>Repeat</i>			
<i>3-305.14</i>	<i>NC</i>	<i>No prep sink available. Employees dip vegetables in container of water to wash. Employees rinse noodles @ Spray arm @ dish machine. MUST provide proper prep sink. Sink MUST be of approved materials AND be airtight @ drain.</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>9-27-04</i>
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# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Antonias Pizza CLIENT # 510346  
ADDRESS 918 S. Rochester CVT 262

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? YES **NO**

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

**DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food.
- Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page where the menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or may contain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order.

List all food items that require disclosure: \_\_\_\_\_

Do all the above listed items have the required disclosure? YES NO

**REMINDER VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Footnote option (check verbiage used):** Place an asterisk alongside items requiring disclosure directing the reader to a footnote on the bottom of each page that states:
  - Regarding the safety of these items, written information is available upon request. (*\*United States Food and Drug Administration's model consumer advisory brochure is preferred written information.*)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (*Foods that are not offered may be omitted from verbiage*)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a medical condition (*Foods that are not offered may be omitted from verbiage*).
- "Notice" option (check verbiage used):** You must place a "Notice" on the first page of the menu or on the page where the first item requiring disclosure appears.
  - Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (*Foods that are not offered may be omitted from verbiage*)
  - Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a medical condition. (*Foods that are not offered may be omitted from verbiage*)
- Placard option:** See MDA Questions and Answers on Consumer Advisory Brochure.
- Brochure option (check brochure that is used):**
  - United States Food and Drug Administration Model Consumer Advisory Brochure
  - Interstate Shellfish Sanitation Conference Brochure for Raw Oysters and Clams

Any subsequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged to have Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.

[Signature] Sanitarian      [Signature] Person-in-Charge      9-27-04 Date

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432      27725 GREENFIELD RD      1010 E WEST MAPLE RD  
PONTIAC MI 48341-0432      SOUTHFIELD MI 48076-3625      WALLED LAKE MI 48390-3588  
(248) 858-1280      (248) 424-7000      (248)926-3300

<http://www.co.oakland.mi.us/health>

FoodForm/ConsumerAdvisoryStatus/2004/32

COPY DISTRIBUTION:      WHITE = FILE      YELLOW = FACILITY      PINK = SANITARIAN



FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

In accordance with the requirements of the Oakland County Sanitary Code Article IV (Revised) effective November 15, 1999, all new food service establishments and change of ownership facilities shall have at least one employee that has successfully completed an approved Food Service Manager Certification course. All other facilities have until November 15, 2004 to comply. If at that time this facility does not have a certified food manager, by signing this form the facility does understand they must employ a certified manager by November 15, 2004. If you do not employ a certified manager by that date, action will be taken against the facility's food service license.

NAME OF ESTABLISHMENT Antonias Pizzeria CLIENT # 510346

ADDRESS 918 S Rochester CVT 262

ESTABLISHMENT TELEPHONE NUMBER CERTIFIED MANAGER ON SITE: YES (NO)

CERTIFIED MANAGER'S NAME COURSE TITLE

I.D./CERTIFICATE NUMBER DATE

CERTIFIED MANAGER'S NAME COURSE TITLE

I.D./CERTIFICATE NUMBER DATE

Article IV states in section 4.3 "A Certified Food Service Manager shall be responsible for overseeing the training of all food handling personnel of the food service establishment. The training shall include the principles of food service sanitation as they apply to the individual employee's work assignment". Responsibilities include, but are not limited to the following:

- Must be a full-time employee at this facility.
- Must be able to make decisions regarding work practices and health concerns at this facility.
- Must develop a formal education program and train employees on the three main causes of foodborne illness: 1. Time/Temperature Abuse 2. Personal Hygiene 3. Cross Contamination
- Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
- Implement food safety practices in this facility. Examples would include cleaning/maintenance schedules, time/temperature logs and/or quality assurance checklists.
- Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
- Model proper food safety behaviors acting as a role model at this facility.
- If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

Sanitarian & Date (Signature and date 9-27-04)

Certified Manager & Date

Signature of Owner/Manager & Date (Signature and date 9-27-04)

Position of Certified Manager

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(248) 926-3300

# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

*[Handwritten Signature]*

- ROUTINE INSPECTION
- FOLLOW-UP
- ENF. FOLLOW-UP
- COMPLAINT
- INVESTIGATION
- OPENING INSPECTION
- NEW OWNER  YES  NO

CLIENT NO.  
00988612

STATE I.D.  
040303

BRAVO CUCINA ITALIANA  
286 ADAMS  
ROCHESTER HILLS MI 48309

CVT# 262

INSPECTION DATE 9-16-04 A.M. (P.M.)

MANAGER/OWNER ESTABLISHMENT PHONE  
MICHAEL ZANGRCHAK/3136440 248-375-9644

NSDI 3-16-05  
RUN DATE 07/05/04  
FOLLOW-UP DATE 9-30-04  
RED. FREQ. YES  NO

09-21-04A08:02 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		"Corrections from The past inspection repeat"	
		<u>2302.11</u> All Raw animal foods were stored below and away from other foods and in accordance to to cooking temperatures.	
		<u>6301.12</u> All hand wash sinks were provided with paper towels.	
		<u>2406.11</u> There was no evidence of employee foods at waitress station.	
		<u>4903.11</u> Blender at bar is longer stored on the floor.	
		<u>3303.11</u> wine bottles are no longer stored in the potable ice	
3501.17 REPEAT	C	Preparation dates were observed on ready to eat potentially hazardous foods. Place expiration dates on ready to eat potentially hazardous foods to alert staff when food shelf life expires.	<i>corrected</i> 9-16-04 Expiration dates were placed on ready to eat Potent. Haz foods
2406.11	C	Employee drinks were found stored above ice machine and next to food prep areas. Store employee drinks below and away from food and prep areas to prevent contamination.	<i>corrected</i> 9-16-04 Beverages were stored below and away from food

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> WSSN# _____ SAMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>081602</u>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input type="checkbox"/> Yes <input type="checkbox"/> No All critical violations corrected: <input type="checkbox"/> Yes Critical violations not corrected this date: <u>4602.11</u> <u>5203.14</u> <u>3603.11</u>
SANITARIAN NAME <u>JOHN-BRADDOCK</u> ID# <u>298</u>		SEATING CAPACITY <u>386</u> NON-SMOKING AREA YES <input type="checkbox"/> NO <input type="checkbox"/>			SA

INSPECTED BY *[Handwritten Signature]*

RECEIVED BY (Person in Charge) *[Handwritten Signature]*

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.

This signature is only a receipt of or disagreement with any violation noted.

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY BIZUVO CULING	STATE I.D. NUMBER
ADDRESS 286 ADAMS Rochester Hills	

ITEM/RULE NO.	CRITICAL		CORRECT BY
4506114 Repeat	C	Sanitizer concentration in wiping cloth solution was >300ppm Quat <sub>3</sub> . Dilute solution to provide 200ppm-300ppm Quat <sub>3</sub> to ensure effective sanitization of the cloths and surfaces to be cleaned.	Corrected 9-16-04 Sanitizer solution was diluted to 300ppm
4602.11	C	ICE machine chute was observed with a build up, clean the interior of the ice machine on a routine schedule to protect ice from contamination.	9-17-04
350616 REPEAT	<del>C</del>	cooled Rice at the hot holding unit was 136°F. Store hot potential hazardous food above 140°F to prevent microbial contamination.	Corrected 9-16-04 Steamer was turned up to 170°F
520317	C	Shut off valve found downstream of mop sink vacuum breaker, Remove shut off valve OR provide a pressure vacuum breaker (WATS 800)	9-30-04

RECEIVED BY (PERSON IN CHARGE) Dennis M. Steid	INSPECTED BY Dan P. [Signature]	DATE 9-16-04
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Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY BRAVO Cucina	STATE I.D. NUMBER
ADDRESS 286 ADAMS Rochester Hills	

ITEM/RULE NO.	CRITICAL		CORRECT BY
3603.11	C	Consumer advisory on menu must read as follows, Consuming raw or undercooked meats may increase your risk of food borne <del>disease</del> <sup>illness</sup> , especially if you have a medical condition. Place an asterisk next to steak items on the menu.	9-30-01
3302.12	n.c	Some bulk food storage containers were missing label, label bulk food containers to prevent mis-use.	9-17-01
3304.12	n.c	Bulk food storage scoop handle was observed in contact with food. Store scoops in the handle up position to prevent contamination.	covered 9-16-01
4204.112	n.c	Some reach-in coolers were missing thermometers. Supply conspicuous thermometers to enable staff to monitor safe food storage temperatures.	9-17-01

RECEIVED BY (PERSON IN CHARGE) <i>Dominic M. Spivak</i>	INSPECTED BY <i>John P. Lusk</i>	DATE 9-16-01
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# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Bravo Cucina CLIENT # 988612

ADDRESS 286 Adams CVT 262

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? **YES** NO

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

**DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):**

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Do all the above listed items have the required disclosure? YES NO

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*Any subsequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged to have Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.*

[Signature] Sanitarian      [Signature] Person-in-Charge      9-16-04 Date

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<http://www.co.oakland.mi.us/health>

odForm/ConsumerAdvisoryStatus/2004/32

BY DISTRIBUTION:      WHITE = FILE      YELLOW = FACILITY      PINK = SANITARIAN



FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
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NAME OF ESTABLISHMENT Bravo Cucina CLIENT # 988612

ADDRESS 286 Adams CVT 262

ESTABLISHMENT TELEPHONE NUMBER 248-375-9644 CERTIFIED MANAGER ON SITE: YES NO

CERTIFIED MANAGER'S NAME Michael Zangrarchak COURSE TITLE Serve Safe

ID/CERTIFICATE NUMBER 3136440 DATE 9-16-02

CERTIFIED MANAGER'S NAME COURSE TITLE

ID/CERTIFICATE NUMBER DATE

Article IV states in section 4.3 "A Certified Food Service Manager shall be responsible for overseeing the training of all food handling personnel of the food service establishment. The training shall include the principles of food service sanitation as they apply to the individual employee's work assignment". Responsibilities include, but are not limited to the following:

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Must develop a formal education program and train employees on the three main causes of foodborne illness: 1. Time/Temperature Abuse 2. Personal Hygiene 3. Cross Contamination
Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
Implement food safety practices in this facility. Examples would include cleaning/maintenance schedules, time/temperature logs and/or quality assurance checklists.
Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
Model proper food safety behaviors acting as a role model at this facility.
If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

Sanitarian & Date (Signature) 9-16-04

Certified Manager & Date

Signature of Owner/Manager & Date (Signature) 9-16-04

Position of Certified Manager

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

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(248) 926-3300

# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

C K DIGGS  
2010 AUBURN  
ROCHESTER HILLS

RD  
MI 48309

CVT# 262

- ROUTINE INSPECTION
- FOLLOW-UP
- ENF. FOLLOW-UP
- COMPLAINT
- INVESTIGATION
- OPENING INSPECTION
- NEW OWNER  YES  NO

CLIENT NO.  
00812856

STATE I.D.  
020328

INSPECTION DATE 10-14-04 A.M. (P.M.)

MANAGER/OWNER  
CHRISTOPHER KHAMI/3495211

ESTABLISHMENT PHONE  
248-853-6600

NSDI 4-14-05

RUN DATE 09/05/04

FOLLOW-UP DATE 10-22-04

RED. FREQ. YES  NO

10-18-04 10:42 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
<del>3-701.11</del> 3-701.11	C	half & half milk found in bar cooler with use by date of October 10 <sup>th</sup> . All foods must be safe and honestly presented. Discard all foods by use-by-date to prevent unsafe consumption.	milk discarded
3-501.16	C	Bleu cheese 47.3°F, boiled eggs 58°F pepperoni: 49.3°F, <del>all</del> foods in top loader across from pizza oven. All potentially hazardous foods kept cold must be kept @ 41°F or below to prevent bacterial growth. Cool foods in prep cooler, keep top loaders closed as often as possible.	foods cooled in prep cooler, lid closed.
5-402.11	C	drain line from ice machine at bar is in the floor drain. Any drain line extended from equipment in which food is kept (ice) must be at least 1 inch above the sewage connector. Raise drain line above rim of floor drain	drain line raised
4-703.11	C	dish machine not sanitizing at bar area. All heat sanitizing machines must reach a temperature of at least 160°F to properly sanitize dishes. Repair adjust dish machine.	10-22-04

WATER <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> ON-SITE VSSN# <input type="checkbox"/> SAMPLE COLLECTED	SEWAGE <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> ON-SITE	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>101503</u>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>
SANITARIAN NAME <u>LANSON</u> ID# <u>218</u>		SEATING CAPACITY <u>151</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

Critical violations cited:  Yes  No

All critical violations corrected:  Yes

Critical violations not corrected this date:

4-703.11 SA

INSPECTED BY [Signature]

RECEIVED BY (Person in Charge) [Signature]

This signature does not imply agreement or disagreement with any violation noted.

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY C K Diggs	STATE I.D. NUMBER 00812856
ADDRESS 2010 Auburn Rd Rochester Hills, MI	

ITEM/RULE NO.	CRITICAL		CORRECT BY
3-302.11	C	beef found above fish ; fish next to chicken in walk-in cooler. All raw animal foods must be stored according to cooking temperatures. chicken (bottom) beef → fish (Above <sup>top</sup> )	Fish moved where beef's chicken stored below
4-602.13	NC	gaskets soiled along prep coolers at cookline. All nonfood contact surfaces must be cleaned frequently to prevent accumulating soil. Clean prep coolers.	1-14-05
4-501.12 Repeat	NC	Cutting boards along cookline are stained and have various grooves in them. All cutting surfaces must be resurfaced or replaced when they have become stained and hard to clean. <del>all</del> Resurface or replace to prevent bacterial contamination.	1-14-05
		<del>all</del>	

RECEIVED BY (PERSON IN CHARGE) X	INSPECTED BY S. Hylk	DATE 10/14/04
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FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

In accordance with the requirements of the Oakland County Sanitary Code Article IV (Revised) effective November 15, 1999, all new food service establishments and change of ownership facilities shall have at least one employee that has successfully completed an approved Food Service Manager Certification course. All other facilities have until November 15, 2004 to comply. If at that time this facility does not have a certified food manager, by signing this form the facility does understand they must employ a certified manager by November 15, 2004. If you do not employ a certified manager by that date, action will be taken against the facility's food service license.

NAME OF ESTABLISHMENT CK Diggs CLIENT # 812856

ADDRESS 2010 Auburn CVT 262

ESTABLISHMENT TELEPHONE NUMBER CERTIFIED MANAGER ON SITE YES NO

CERTIFIED MANAGER'S NAME Christopher Khami COURSE TITLE Sensafe

I.D./CERTIFICATE NUMBER 3495211 DATE

CERTIFIED MANAGER'S NAME COURSE TITLE

I.D./CERTIFICATE NUMBER DATE

Article IV states in section 4.3 "A Certified Food Service Manager shall be responsible for overseeing the training of all food handling personnel of the food service establishment. The training shall include the principles of food service sanitation as they apply to the individual employee's work assignment". Responsibilities include, but are not limited to the following:

- Must be a full-time employee at this facility.
Must be able to make decisions regarding work practices and health concerns at this facility.
Must develop a formal education program and train employees on the three main causes of foodborne illness: 1. Time/Temperature Abuse 2. Personal Hygiene 3. Cross Contamination
Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
Implement food safety practices in this facility. Examples would include cleaning/maintenance schedules, time/temperature logs and/or quality assurance checklists.
Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
Model proper food safety behaviors acting as a role model at this facility.
If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

Sanitarian & Date 10/14/04 Certified Manager & Date

Signature of Owner/Manager & Date

Position of Certified Manager

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432
PONTIAC MI 48341-0432
(248) 858-1280

27725 GREENFIELD RD
SOUTHFIELD MI 48076-3625
(248) 424-7000

1010 E WEST MAPLE RD
WALLED LAKE MI 48390-3588
(248) 926-3300





# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT C K Diggs CLIENT # 812856  
ADDRESS 2070 Auburn CVT 262

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? **YES** NO

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

**DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food.
- Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page where the menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or may contain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order.

List all food items that require disclosure: burgers, patty melt, cajun steak tips, tenderloin on green, steaks

Do all the above listed items have the required disclosure? **YES** NO

**REMINDER VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Footnote option (check verbiage used):** Place an asterisk alongside items requiring disclosure directing the reader to a footnote on the bottom of each page that states:
  - Regarding the safety of these items, written information is available upon request. (*\*United States Food and Drug Administration's model consumer advisory brochure is preferred written information.*)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (*Foods that are not offered may be omitted from verbiage*)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a medical condition (*Foods that are not offered may be omitted from verbiage*).
- "Notice" option (check verbiage used):** You must place a "Notice" on the first page of the menu or on the page where the first item requiring disclosure appears.
  - Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (*Foods that are not offered may be omitted from verbiage*)
  - Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a medical condition. (*Foods that are not offered may be omitted from verbiage*)
- Placard option:** See MDA Questions and Answers on Consumer Advisory Brochure.
- Brochure option (check brochure that is used):**
  - United States Food and Drug Administration Model Consumer Advisory Brochure
  - Interstate Shellfish Sanitation Conference Brochure for Raw Oysters and Clams

Any subsequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged to have Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.

Sanitarian [Signature] Person-in-Charge [Signature] Date 10/14/02

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 PONTIAC MI 48341-0432 (248) 858-1280  
27725 GREENFIELD RD SOUTHFIELD MI 48076-3625 (248) 424-7000  
1010 E WEST MAPLE RD WALLED LAKE MI 48390-3588 (248)926-3300

<http://www.co.oakland.mi.us/health>

FoodForm/ConsumerAdvisoryStatus/2004/32

COPY DISTRIBUTION: WHITE = FILE YELLOW = FACILITY PINK = SANITARIAN

# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

- ROUTINE INSPECTION  
 FOLLOW-UP  
 ENF. FOLLOW-UP  
 COMPLAINT  
 INVESTIGATION  
 OPENING INSPECTION  
 NEW OWNER  YES  NO

CLIENT NO.  
00491795

STATE I.D.  
024146

CHILIS GRILL & BAR #195  
2735 S. ROCHESTER RD  
ROCHESTER HILLS MI 48307

CVT# 262

INSPECTION DATE 12-12-04 A.M.  P.M.

MANAGER/OWNER

ESTABLISHMENT PHONE

~~KIRK MAKELA/3456250~~

248-299-5281

Daniel Spener / 3822583

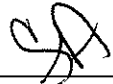
10-14-04A08:31 RCVD


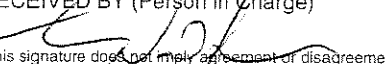
NSDI 4-12-05  
RUN DATE 09/05/04

FOLLOW-UP DATE 10-22-04

RED. FREQ. YES  NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Violations corrected from previous inspection: ice bin lids in place, paper trash receptacles provided, freezer floor clean, light shield provided, splash shields provided @ hand sinks, hand sinks can't get hand wash signs @ hand sinks,	
<b>*CRITICAL VIOLATIONS*</b>			
2-301.14	C	Mishandling of tongs for raw products @ cookline. Cross contamination occurs when employees w handle raw meats and then handle other food OR equipment w/o washing hands properly. All employees must wash hands properly after handling raw product. Tongs used to handle raw product must be stored in a manner that prevents juice/particles from meats to drip touch handles of tongs.	Discussed cook
3-302.11	C	Improper storage of raw bacon + raw ground beef in walk-in. Store ALL raw product below + away from ALL other food items AND w highest cook off temp on bottom. Chicken -> ground beef -> steak + pork + seafood	moved bacon ground beef
2-401.11	C	Employee drink stored @ wait station over single-service items. ALL employee beverages	Discussed drink

WATER MUNICIPAL <input checked="" type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/>	LICENSE POSTED YES <input checked="" type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All critical violations corrected: <input type="checkbox"/> Yes Critical violations not corrected this date: 3-20/17 5-4/02.11 5-22.13 
ON-SITE <input type="checkbox"/>	ON-SITE <input type="checkbox"/>	ISSUED <u>452003</u> <u>4/14/04</u>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
AMPLE COLLECTED <input type="checkbox"/>	SANITARIAN NAME <u>GALLARD</u> ID# <u>383</u>		SEATING CAPACITY <u>264+</u>	NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

INSPECTED BY   
 RECEIVED BY (Person in Charge)   
This signature does not imply agreement or disagreement with any violation noted.

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Chilis Grill + Bar</i>	STATE I.D. NUMBER <i>24146</i>
ADDRESS <i>2735 Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>MUST have tight fitting lid + straw AND be stored below away from food/ food contact items NO open prep/scraper on top.</i>	
<i>3-501.17</i>	<i>C</i>	<i>Improper date marking. MUST provide "use by" date not prep date NO more than 7 days including prep/open date. Items include: ranch, noodles, eggs, sour cream, etc.</i>	<i>10-22-04</i>
<i>5-202.13</i>	<i>C</i>	<i>Spray nozzle hangs below flood rim of drain board @ prep area. MUST provide 2" air gap btw nozzle + flood rim.</i>	
<i>5-402.11</i> <i>Report</i>	<i>C</i>	<i>Improper air gap @ ice machine. MUST provide 1" air gap btw drain line + floor drain</i>	
<i>7-201.11</i>	<i>C</i>	<i>Wiping cloth bucket stored on shelf above raw meat top loader. All chemicals MUST be stored below + away from ALL food.</i>	<i>moved below</i>
<i>Non-Critical Violations</i>			
<i>3-304.12</i>	<i>NC</i>	<i>A) Several ice scoops improperly stored</i>	
	<i>NC</i>	<i>B) Tongs @ bar condiments improperly stored</i>	
	<i>NC</i>	<i>C) Scoops in top loaders improperly stored</i>	
<i>Report</i>	<i>NC</i>	<i>D) Knives stored btw pieces of equipment</i>	<i>↓</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>10-12-04</i>
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**Oakland County Health Division  
Environmental Health Services**

**INSPECTION REPORT SUPPLEMENT**

NAME OF ESTABLISHMENT/FACILITY <i>Chilis Grill+Bar</i>	STATE I.D. NUMBER <i>24146</i>
ADDRESS <i>2735 Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>ALL Scoops/Tongs MUST be stored w/ handle out of food product to prevent contamination from employees hands.</i>	
<i>3304.14</i>	<i>NC</i>	<i>Sanitizer concentration low in wiping cloth buckets. MUST be 200ppm quats to sanitize.</i>	<i>10-22-04</i>
<i>4-2c316</i>	<i>NC</i>	<i>Towels under cutting boards. MUST utilize non-absorbent materials, smooth + easily cleanable.</i>	
<i>6-301.12</i>	<i>NC</i>	<i>A) Paper towel empty @ restroom hand sink</i>	<i>Provide towels</i>
<i>paper</i>	<i>NC</i>	<i>B) Paper towel empty @ waitstation hand sink</i>	
		<i>ALL hand sinks MUST be stocked @ ALL times to properly wash hands.</i>	
		<i>Notes) Hot + cold holding proper, dish machine sanitizing, thermometer + test strips provided, gloves + hair coverings worn, mgr. knowledgeable</i>	
		<i>*Follow-up on 10-22-04</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>Dawn Dutta</i>	DATE <i>10-12-04</i>
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# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Chilis Bar + Grill CLIENT # 491795

ADDRESS 2735 Rochester CVT 262

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS?  YES  NO

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

**DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food.
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List all food items that require disclosure: \_\_\_\_\_

Do all the above listed items have the required disclosure?  YES  NO

**REMINDER VERIFICATION (one of these options must be utilized-check which option has been chosen):**

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Any subsequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged to have Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.

[Signature] Sanitarian      [Signature] Person-in-Charge      10-12-04 Date

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BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432      27725 GREENFIELD RD      1010 E WEST MAPLE RD  
 PONTIAC MI 48341-0432      SOUTHFIELD MI 48076-3625      WALLED LAKE MI 48390-3588  
 (248) 858-1280      (248) 424-7000      (248)926-3300

<http://www.co.oakland.mi.us/health>

FoodForm/ConsumerAdvisoryStatus/2004/32

COPY DISTRIBUTION:      WHITE = FILE      YELLOW = FACILITY      PINK = SANITARIAN



FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

In accordance with the requirements of the Oakland County Sanitary Code Article IV (Revised) effective November 15, 1999, all new food service establishments and change of ownership facilities shall have at least one employee that has successfully completed an approved Food Service Manager Certification course. All other facilities have until November 15, 2004 to comply. If at that time this facility does not have a certified food manager, by signing this form the facility does understand they must employ a certified manager by November 15, 2004. If you do not employ a certified manager by that date, action will be taken against the facility's food service license.

NAME OF ESTABLISHMENT Chilis Grill + Bar CLIENT # 491795
ADDRESS 2735 Bechtel CVT 262
ESTABLISHMENT TELEPHONE NUMBER CERTIFIED MANAGER ON SITE: (YES) NO
CERTIFIED MANAGER'S NAME Daniel Spencer COURSE TITLE ServSafe
I.D./CERTIFICATE NUMBER 3822583 DATE 4-14-04
CERTIFIED MANAGER'S NAME COURSE TITLE
I.D./CERTIFICATE NUMBER DATE

Article IV states in section 4.3 "A Certified Food Service Manager shall be responsible for overseeing the training of all food handling personnel of the food service establishment. The training shall include the principles of food service sanitation as they apply to the individual employee's work assignment". Responsibilities include, but are not limited to the following:

- Must be a full-time employee at this facility.
Must be able to make decisions regarding work practices and health concerns at this facility.
Must develop a formal education program and train employees on the three main causes of foodborne illness: 1. Time/Temperature Abuse 2. Personal Hygiene 3. Cross Contamination
Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
Implement food safety practices in this facility. Examples would include cleaning/maintenance schedules, time/temperature logs and/or quality assurance checklists.
Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
Model proper food safety behaviors acting as a role model at this facility.
If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

Sanitarian & Date 10/12/04

Certified Manager & Date 10/12/04

Signature of Owner/Manager & Date

Position of Certified Manager

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432
PONTIAC MI 48341-0432
(248) 858-1280

27725 GREENFIELD RD
SOUTHFIELD MI 48076-3625
(248) 424-7000

1010 E WEST MAPLE RD
WALLED LAKE MI 48390-3588
(248) 926-3300

# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

CHUCK E CHEESES PIZZA  
201 E. AUBURN RD  
ROCHESTER HILLS MI 48307

*[Handwritten Signature]*

CVT# 262

- ROUTINE INSPECTION
- FOLLOW-UP
- ENF. FOLLOW-UP
- COMPLAINT
- INVESTIGATION
- OPENING INSPECTION
- NEW OWNER  YES  NO

CLIENT NO.  
00590738

STATE I.D.  
024156

INSPECTION DATE 10-1-04 A.M.  P.M.

NSDI 4-1-05

RUN DATE 08/05/04

FOLLOW-UP DATE 10-11-04

RED. FREQ. YES  NO

MANAGER/OWNER

~~JACKIE BALDWIN, GEN MGR~~

ESTABLISHMENT PHONE

248-299-4544

10-05-04A10:10 (100)

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Corrected violations from previous inspection	
		3-304.12 no single use cups used as dispensers for food.	
		5-205.15 leak at 3-comp drain line repaired	
		3-304.14 wiping cloth buckets used	
Today's observations:			
4-703.11 Repeat	C	dishmachine found with no sanitizer during cycle. Dishmachines must have adequate sanitizer to safely clean dishes. Quaternary ammonia used. Keep concentration 200-300 ppm. Add sanitizer.	sanitizer Added.
4-602.11	C	soiled can opener. All food contact items must be cleaned often to prevent buildup of soil and prevent contamination of food. Clean can opener.	10-11-04
7-201.11 Repeat	C	W-D 40 + other chemical cleaners found above pizza sauce on storage rack outside WIC. All chemicals must be stored below and away from food and out of food areas. Move chemicals to proper storage.	chemicals moved to chemical storage
3-501.18 + 3-701.11	C	opened potato salad / macaroni salads with discard dates 9/7 in WIC 2) unopened pasta salad tubs with USBD expired	discarded All foods

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> VSSN# _____ SAMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED _____	LICENSE POSTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All critical violations corrected: <input type="checkbox"/> Yes Critical violations not corrected this date: _____
SANITARIAN NAME <u>BALLARD</u> ID# <u>383</u>		SEATING CAPACITY <u>275/Y</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		SA	

INSPECTED BY *[Signature]*

RECEIVED BY (Person in Charge) *[Signature]*

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.

This signature does not imply agreement or disagreement with any violation noted.

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Chuck E. Cheeses	STATE I.D. NUMBER 024156
ADDRESS 201 E Auburn Rochester Hills	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		of 9/25, 9/26 found in WIC. All food marked with a discard date by the food establishment or the food distributor shall be removed from facility when required to prevent unsafe consumption. Discard foods.	food discarded in trash
7-102-11	C	unlabelled chemical spray bottle found in chemical storage. All chemicals when removed from their original container must be labelled with common name to prevent misuse. Label bottle.	10-11-04
Repeat			
4-302-14	NC	no test strips to measure sanitizer. A chemical test kit must be provided to measure sanitizer & keep at safe levels. Obtain test kit.	10-11-04
Repeat			
6-202-15	NC	door to men's restroom not self-closing. All restrooms opening in to food establishment must be self-closing	10-11-04
Repeat			

RECEIVED BY (PERSON IN CHARGE) J. E. Hunt	INSPECTED BY J. Hyle	DATE 10/01/04
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Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Chuck E. Cheeses	STATE I.D. NUMBER 024156
ADDRESS 201 E. Auburn Rochester Hills	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		obtain self closing device for bathroom doors.	
6-301.11	NC	1) no soap in womens employee restroom	10-11-04
6-301.12	NC	2) no paper towels in womens empl. restroom	10-11-04
		All restrooms must be equipped with soap and paper towels to ensure handwashing by employees.	
6-301.11	NC	3) no soap dispenser at handwash sink in dish area. All hand sinks must be equipped with soap for handwashing. Add soap & paper towels.	10-11-04
4-204.112	NC	no thermometers found in prep coolers All mechanically refrigerated units must be equipped with a temperature measuring device to measure ambient temp. Add thermometers.	10-11-04
3-501.17	C	sliced deli meats in front prep cooler with no discard date. All	meats discarded

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE 10/1/04
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# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Chuck E. Cheeses CLIENT # 024156

ADDRESS 201 E. Auburn CVT 262

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? YES  NO

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

**DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food.
- Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page where the menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or may contain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order.

List all food items that require disclosure: \_\_\_\_\_

Do all the above listed items have the required disclosure? YES  NO

**REMINDER VERIFICATION (one of these options must be utilized-check which option has been chosen):**

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  - Regarding the safety of these items, written information is available upon request. (*\*United States Food and Drug Administration's model consumer advisory brochure is preferred written information.*)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (*Foods that are not offered may be omitted from verbiage*)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a medical condition (*Foods that are not offered may be omitted from verbiage*).
- "Notice" option (check verbiage used):** You must place a "Notice" on the first page of the menu or on the page where the first item requiring disclosure appears.
  - Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (*Foods that are not offered may be omitted from verbiage*)
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- Placard option:** See MDA Questions and Answers on Consumer Advisory Brochure.
- Brochure option (check brochure that is used):**
  - United States Food and Drug Administration Model Consumer Advisory Brochure
  - Interstate Shellfish Sanitation Conference Brochure for Raw Oysters and Clams

*Any subsequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged to have Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.*

Sanitarian [Signature] Person-in-Charge [Signature] Date 10/1/04

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 PONTIAC MI 48341-0432      SOUTHFIELD MI 48076-3625      WALLED LAKE MI 48390-3588  
 (248) 858-1280      (248) 424-7000      (248)926-3300

<http://www.co.oakland.mi.us/health>

FoodForm/ConsumerAdvisoryStatus/2004/32

COPY DISTRIBUTION:      WHITE = FILE      YELLOW = FACILITY      PINK = SANITARIAN



FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

In accordance with the requirements of the Oakland County Sanitary Code Article IV (Revised) effective November 15, 1999, all new food service establishments and change of ownership facilities shall have at least one employee that has successfully completed an approved Food Service Manager Certification course. All other facilities have until November 15, 2004 to comply. If at that time this facility does not have a certified food manager, by signing this form the facility does understand they must employ a certified manager by November 15, 2004. If you do not employ a certified manager by that date, action will be taken against the facility's food service license.

NAME OF ESTABLISHMENT Chuck E Cheeses CLIENT # 024156

ADDRESS 201 E. Auburn CVT 262

ESTABLISHMENT TELEPHONE NUMBER CERTIFIED MANAGER ON SITE: YES NO

CERTIFIED MANAGER'S NAME David Brondstetter COURSE TITLE Servsafe

ID/CERTIFICATE NUMBER 1309797 DATE 4/10/99

CERTIFIED MANAGER'S NAME COURSE TITLE

ID/CERTIFICATE NUMBER DATE

Article IV states in section 4.3 "A Certified Food Service Manager shall be responsible for overseeing the training of all food handling personnel of the food service establishment. The training shall include the principles of food service sanitation as they apply to the individual employee's work assignment". Responsibilities include, but are not limited to the following:

- Must be a full-time employee at this facility.
Must be able to make decisions regarding work practices and health concerns at this facility.
Must develop a formal education program and train employees on the three main causes of foodborne illness: 1. Time/Temperature Abuse 2. Personal Hygiene 3. Cross Contamination
Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
Implement food safety practices in this facility. Examples would include cleaning/maintenance schedules, time/temperature logs and/or quality assurance checklists.
Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
Model proper food safety behaviors acting as a role model at this facility.
If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

Signature of Sanitarian & Date 10/1/04

Certified Manager & Date

Signature of Owner/Manager & Date 10/1/04

Position of Certified Manager

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(248) 926-3300

# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

CLASSIC LANES  
2145 AVON INDUSTRIAL  
ROCHESTER HILLS

MANAGER/OWNER  
LORI BOLTON/3087079

DR  
MI 48309

CVT# 262

ESTABLISHMENT PHONE  
852-9100

09-17-04A09:35 RCVD

- ROUTINE INSPECTION
- FOLLOW-UP
- ENF. FOLLOW-UP
- COMPLAINT
- INVESTIGATION
- OPENING INSPECTION
- NEW OWNER  YES  NO
- INSPECTION DATE: 9-14-04

CLIENT  
0004  
STATE ID  
0240

NSDI  
RUN DATE: 3-14-05  
FOLLOW-UP DATE: 07/05/04  
RED. FREQ. YES  NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT
3-701.11	C	Food must be in sound condition. Eg: In the tall reach-in cooler 1 loaf of wheat bread was observed with mold. Remove from service. Item may be held for credit in an isolated location.	Corrected by isolation
3-303.11	C	Potentially hazardous foods must be properly heated. Eg: Cheese sauce ~175°F. The unit is on low setting. The thermostat has been adjusted to high.	Corrected by adjustment thermostat
6-301.12	N	Handwashing facilities must be provided with adequate supplies. Eg: The paper towel dispenser in the back area is empty. Provide paper towels for the dispenser. Rolled paper towels are available.	Corrected by filling disp.
2-301.14	N	Handwashing facilities must be provided with proper signs. Eg: Handwashing signs were not observed at the employee restroom. Signs provided by sanitarian.	9-14-04
1-12	N	Floors must be kept free of standing water.	9-14-04

SEWAGE  
 MUNICIPAL ON-SITE  
 ON-SITE

MANAGER CERTIFIED  
 YES  NO   
 ISSUED: 062602

LICENSE POSTED  
 YES  NO

ANTI-CHOKING TECHNIQUES POSTED  
 YES  NO

SEATING CAPACITY: 98  
 NON-SMOKING AREA: YES  NO

Based on an inspection this date: P.A. 92 of 2000

Critical violations cited:  Yes  No  
 Critical violations corrected:  Yes  No  
 Critical violations not corrected this date:

Signature: [Handwritten Signature]  
 Title: [Handwritten Title]  
 Date: [Handwritten Date]





# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Classic Lanes CLIENT # 041235

ADDRESS 2145 Avon Industrial CVT 762

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS?  YES  NO

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

**DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food.
- Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page where the menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or may contain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order.

List all food items that require disclosure: Hamburgers & Eggs

Do all the above listed items have the required disclosure?  YES  NO

**REMINDER VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Footnote option (check verbiage used):** Place an asterisk alongside items requiring disclosure directing the reader to a footnote on the bottom of each page that states:
  - Regarding the safety of these items, written information is available upon request. (*\*United States Food and Drug Administration's model consumer advisory brochure is preferred written information.*)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (*Foods that are not offered may be omitted from verbiage*)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a medical condition (*Foods that are not offered may be omitted from verbiage*).
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Any subsequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged to have Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.

Robert Handberg      Joe [Signature]      9-14-04  
Sanitarian                                  Person-in-Charge                                  Date

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FoodForm/ConsumerAdvisoryStatus/2004/32

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**FOOD SERVICE MANAGER  
CERTIFICATION AND RESPONSIBILITIES  
COLLECTION FORM**

In accordance with the requirements of the Oakland County Sanitary Code Article IV (Revised) effective November 15, 1999, all new food service establishments and change of ownership facilities shall have at least one employee that has successfully completed an approved Food Service Manager Certification course. All other facilities have until November 15, 2004 to comply. **If at that time this facility does not have a certified food manager, by signing this form the facility does understand they must employ a certified manager by November 15, 2004. If you do not employ a certified manager by that date, action will be taken against the facility's food service license.**

NAME OF ESTABLISHMENT Classic Lanes CLIENT # 041235  
 ADDRESS 2145 Alca Industrial CVT 262  
 ESTABLISHMENT TELEPHONE NUMBER 248-852-9100 CERTIFIED MANAGER ON SITE:  YES  NO  
 CERTIFIED MANAGER'S NAME Lori Bolton COURSE TITLE Serv Safe  
 I.D./CERTIFICATE NUMBER 3087079 DATE 6-26-02  
 CERTIFIED MANAGER'S NAME \_\_\_\_\_ COURSE TITLE \_\_\_\_\_  
 I.D./CERTIFICATE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

*Article IV states in section 4.3 "A Certified Food Service Manager shall be responsible for overseeing the training of all food handling personnel of the food service establishment. The training shall include the principles of food service sanitation as they apply to the individual employee's work assignment". Responsibilities include, but are not limited to the following:*

- Must be a full-time employee at this facility.
- Must be able to make decisions regarding work practices and health concerns at this facility.
- Must develop a formal education program and train employees on the three main causes of foodborne illness:  
1. Time/Temperature Abuse 2. Personal Hygiene 3. Cross Contamination
- Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
- Implement food safety practices in this facility. Examples would include cleaning/maintenance schedules, time/temperature logs and/or quality assurance checklists.
- Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
- Model proper food safety behaviors acting as a role model at this facility.
- If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

Maria Heredia 9-14-04  
Sanitarian & Date

\_\_\_\_\_  
Certified Manager & Date

Lori Bolton  
Signature of Owner/Manager & Date

MGR  
Position of Certified Manager

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# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

ROUTINE INSPECTION  
 FOLLOW-UP  
 ENF. FOLLOW-UP  
 COMPLAINT  
 INVESTIGATION  
 OPENING INSPECTION  
NEW OWNER  YES  NO  
INSPECTION DATE 12-7-04 A.M. (P.M.)

CLIENT NO.  
00041292

STATE ID.  
039527

COSI  
84 N. ADAMS  
ROCHESTER

RD  
MI 48064  
CVT# 262

ESTABLISHMENT PHONE  
248-763-2685

NSDI 6-7-05  
RUN DATE 11/05/04  
FOLLOW-UP DATE 12-17-04  
RED. FREQ. YES  NO

MANAGER/OWNER

JONELL COUCHIE/26199610410:17 RCVD

12-10-04 10:17 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
7-201.11	C	Chemicals / Toxic materials not stored in a designated area (A) PAINT CANS ABOVE ICE MACHINE (B) Char fuel next to single service / food related items @ day storage (C) Chemical spray bottles above sanitized area of 3 compartment sink Store chemicals in a designated area below & away from food / food related items to prevent contamination	Corrected By name chemicals to a designated area
4-602.11	C	CAN opener soiled (blade). All food-contact surfaces shall be clean as to prevent contamination. Clean at a frequency as to prevent build-up.	Corrected By cleaning blade @ 3 compartment sink
3-501.17	C	Chicken rustica not date marked in the walk-in cooler. All food that is ready-to-eat / potentially	

WATER MUNICIPAL <input checked="" type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/>	LICENSE POSTED YES <input checked="" type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input checked="" type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ON-SITE <input type="checkbox"/>	ON-SITE <input type="checkbox"/>	ISSUED <u>111903</u>	NO <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	All critical violations corrected: <input type="checkbox"/> Yes
SANITARIAN NAME <u>ESTELL/WESTBROO</u>	ID# <u>341</u>	SEATING CAPACITY <u>37</u>	NON-SMOKING AREA YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations not corrected this date: <u>5-202.13</u> <u>5-402.11</u> <u>4-202.11</u> <i>SA</i>	

INSPECTED BY J. Rhodes 1/30  
RECEIVED BY (Person in Charge)

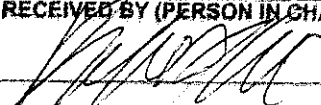
Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Cosi	STATE I.D. NUMBER 39527
ADDRESS 84 N. Adams Rochester MI 48064	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		HAZARDOUS & held longer than 24 hours shall be date marked & not held more than 7 days <sup>including</sup> <del>after</del> prepare date. Date mark the chicken accordingly.	Corrected by date marking chicken
3-302.11	C	Employee foods (yogurt / raw BANANAS / shell egg)	Corrected
2-401.11	C	stored @ top shelf of walk-in cooler. To prevent cross-contamination by the raw shell egg & other contamination, store employee foods below & AWAY from food / food related items in walk-in cooler.	By removing items out of walk in cooler
5-202.13	C	(A) SPRAY arm @ 3-compartment sink not air gapped.	12-17-04
5-402.11	C	(B) Ice machine / food prep. sink by walk-in cooler not air gapped.	12-17-04


RECEIVED BY (PERSON IN CHARGE) 	INSPECTED BY F. R. Hudson / 80	DATE 12 / 8 / 04
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Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Cosi	STATE I.D. NUMBER 39527
ADDRESS 84 N. Adams Rochester MI 48064	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		All spray arms must be 1" air gapped from flood rim of a 3 compartment sink. Drain pipes of prep. sinks & ice machines must be air gapped 1" <del>between</del> between drain pipe & drain flood rim as to prevent back-flow contamination. Fix accordingly, verify air gaps for all ice bins AND dipperwell.	12-17-04
4-202.11	C	Marble counter by oven cracked. All food contact surfaces shall be smooth & easily cleavable as to prevent contamination by food particles build-up. Replace marble counter. Seal w/food grade caulk for temporary repair	

RECEIVED BY (PERSON IN CHARGE) 	INSPECTED BY J. Rhodes	DATE 12/8/04
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Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Cosi</i>	STATE I.D. NUMBER <i>39527</i>
ADDRESS <i>84 N. Adams Rochester MI 48064</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
6-301.12	NC	<i>AND handsink @ bakery</i> No paper towel @ handsink @ 3 compartment sink area. All hand-sink shall have paper towel to facilitate proper hand washing. Refill dispenser.	<i>12-17-04</i>
6-501.14	NC	<del>Soiled</del> ventilation filters. All vents shall be cleaned at a frequency as to prevent dirt/dust contamination of food/food related surfaces. Clean vents.	
3-304.14	NC	Wiping clothes @ wrong (too low) concentration. All quaternary sanitizing wipes shall be @ 200 ppm. as to prevent microbial build-up on food contact surfaces. Check concentration	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>F. Rhodes</i>	DATE <i>12/8/04</i>
--	----------------------------------	------------------------

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Cosi</i>	STATE I.D. NUMBER <i>39527</i>
ADDRESS <i>84 N Adams Rochester MI 48064</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>of sanitizing wipes more frequently w/ test strips</i>	
<i>3-302.12</i>	<i>NC</i>	<i>Condiments not labeled. All condiments shall be labeled w/ a common name. Label condiments. (Vinegar)</i>	<i>12-17</i>
<i>6-202.13</i>	<i>NC</i>	<i>Bug zapper above food / food related items. Bug zapper shall not be located above food (ice machine / liquor storage) food related items. Move bug zapper to a new location away from food items.</i>	
<i>6-501.10</i>	<i>NC</i>	<i>Employee <sup>(purses)</sup> personal items not stored in a designated AREA. All employee items must be stored below &amp; away food / food related items as to prevent contamination. Utilize lockers.</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>J. Rhodes</i>	DATE <i>12/8/04</i>
--	----------------------------------	------------------------

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Cosi</i>	STATE I.D. NUMBER <i>39527</i>
ADDRESS <i>84 N. Adams Rochester MI 48064</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4-502.1B</i>	<i>NC</i>	<i>Open can of dry oriental noodles found w/ noodles still in original container. Place noodles in a food grade container to prevent possible contamination.</i>	<i>12-17</i>
<i>5-205.11</i>	<i>NC</i>	<i>Hand sinks blocked at 3 compartment sink area &amp; baking area. Keep hand sink clear of debris as to facilitate proper hand washing. Remove obstructions.</i>	
<i>4-903.12</i>	<i>NC</i>	<i>Food related items (gloves) stored under dipping well sewer line. Food/food related items may not be stored under sewer lines as to prevent contamination from leaking pipes/splashing. Store items in a different location.</i>	<i>✓</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>J. Rhodes</i>	DATE <i>12/8/04</i>
--	----------------------------------	------------------------

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Cosi</i>	STATE I.D. NUMBER <i>39527</i>
ADDRESS <i>84 N Adams Rochester MI 48064</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>A) Tea dispensers exposed @ front hand sink</i>	
<i>3-305.11</i> <i>(REPEAT)</i>	<i>NC</i>	<i>B) Flour stored by hand sink by oven. To prevent contamination by splashing, provide a splash shields @ hand sinks.</i>	<i>12-17</i>
<i>4-501.12</i> <i>(REPEAT)</i>	<i>NC</i>	<i>Cutting boards soiled. Cutting boards shall be cleanable. Resurface or replace cutting boards.</i>	<i>12-17</i>
<i>3-304.12</i>	<i>NC</i>	<i>Tongs in a container of standing H<sub>2</sub>O @ (90°F). To prevent bacterial contamination store utensils in a clean, protected location between use. Store in running water, in water above 140°F or below 41°F or in clean, dry container</i>	<i>12-17</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>F. Rhodes</i>	DATE <i>12/8/04</i>
--	----------------------------------	------------------------

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Cosi</i>	STATE I.D. NUMBER <i>39527</i>
ADDRESS <i>84 N. Adams Rochester MI 48064</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4602.11</i>	<i>C</i>	<i>Microwave top surface soiled. To prevent contamination from food particle(s) build-up, clean microwave (all surfaces) at a frequency as to prevent build-up. Clean microwave.</i>	<i>12-17</i>
<i>7201.11</i>	<i>C</i>	<i>Wiping towel <sup>bucket</sup> <del>stored by</del> <del>stored</del> cutting boards (food related). Toxic materials must be stored below &amp; away from food / food related items.</i>	<i>Corrected by moving away from cutting boards.</i>
<i>4702.16</i>	<i>NC</i>	<i>Wiping towel under cutting board. All non food contact surfaces shall <sup>be</sup> smooth, non-absorbent, easily cleanable. Provide rubber mats</i>	<i>12-17</i>

*CORRECTED VIOLATIONS \*! No clean items on the floor*

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>A. [Signature]</i>	DATE <i>12/8/04</i>
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# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Così CLIENT # 41292

ADDRESS 84 N. Adams CVT 262

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? YES  NO

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

**DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food.
- Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page where the menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or may contain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order.

List all food items that require disclosure: \_\_\_\_\_

Do all the above listed items have the required disclosure? YES  NO

**REMINDER VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Footnote option (check verbiage used):** Place an asterisk alongside items requiring disclosure directing the reader to a footnote on the bottom of each page that states:
  - Regarding the safety of these items, written information is available upon request. (*\*United States Food and Drug Administration's model consumer advisory brochure is preferred written information.*)
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- Placard option:** See MDA Questions and Answers on Consumer Advisory Brochure.
- Brochure option (check brochure that is used):**
  - United States Food and Drug Administration Model Consumer Advisory Brochure
  - Interstate Shellfish Sanitation Conference Brochure for Raw Oysters and Clams

*Any subsequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged to have Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.*

[Signature] Sanitarian      [Signature] Person-in-Charge      \_\_\_\_\_ Date

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BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432      27725 GREENFIELD RD      1010 E WEST MAPLE RD  
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FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

In accordance with the requirements of the Oakland County Sanitary Code Article IV (Revised) effective November 15, 1999, all new food service establishments and change of ownership facilities shall have at least one employee that has successfully completed an approved Food Service Manager Certification course. All other facilities have until November 15, 2004 to comply. If at that time this facility does not have a certified food manager, by signing this form the facility does understand they must employ a certified manager by November 15, 2004. If you do not employ a certified manager by that date, action will be taken against the facility's food service license.

NAME OF ESTABLISHMENT: Cusi CLIENT #: 41292
ADDRESS: 84 N. Adams CVT: 262
ESTABLISHMENT TELEPHONE NUMBER: 248 7632685 CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME: Jewel Cachie COURSE TITLE: Servesafe
I.D./CERTIFICATE NUMBER: 2619801 DATE: 4/24/01

Article IV states in section 4.3 "A Certified Food Service Manager shall be responsible for overseeing the training of all food handling personnel of the food service establishment. The training shall include the principles of food service sanitation as they apply to the individual employee's work assignment". Responsibilities include, but are not limited to the following:

- Must be a full-time employee at this facility.
Must be able to make decisions regarding work practices and health concerns at this facility.
Must develop a formal education program and train employees on the three main causes of foodborne illness: 1. Time/Temperature Abuse 2. Personal Hygiene 3. Cross Contamination
Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
Implement food safety practices in this facility. Examples would include cleaning/maintenance schedules, time/temperature logs and/or quality assurance checklists.
Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
Model proper food safety behaviors acting as a role model at this facility.
If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

Sanitarian & Date: [Signature] 12/8/04

Certified Manager & Date

Signature of Owner/Manager & Date: [Signature] 12/8/04

Position of Certified Manager

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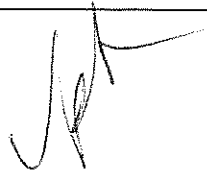
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1010 E WEST MAPLE RD
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# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

EAST SIDE MARIOS  
2273 CROOKS RD  
ROCHESTER HILLS MI 48309



- ROUTINE INSPECTION
- FOLLOW-UP
- ENF. FOLLOW-UP
- COMPLAINT
- INVESTIGATION
- OPENING INSPECTION
- NEW OWNER  YES  NO
- INSPECTION DATE 8-27-04 A.M. / P.M.

CLIENT NO.  
00444993

STATE I.D.  
024129

CVT# 262

MANAGER/OWNER  
TERRI AHLGREN/2422570

ESTABLISHMENT PHONE  
248-853-9622

NSDI 7-23-05  
RUN DATE 07/05/04  
FOLLOW-UP DATE ~~8-30-04~~  
RED. FREQ. YES  NO

08-27-04A09:18 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
2-406.11	C	Storage of personal beverages must be properly stored and in approved containers. Eg: A bottle of Nesquik is in reach-in cooler above food. Provide caps with tight fitting lids and stoppers.	Corrected by remove and dispose of.
3-501.14	C	Potentially hazardous foods must be properly cooked to prevent growth of pathogens. Eg: Cooked ribs 48-49 °F in the walk-in stored in a deep plastic pan. Transfer to sheet tray	Corrected by place on sheet tray
3-304.12	N	Storage of utensils must be in an approved location. Eg: A knife at the cooks line is stored between tables / counter tops. Provide an approved rack.	11-23-04
4-603.12	N	Utensils must be properly scoured, flushed or scraped. Eg: A spatula that is rick has dried by the ceramic material. Deep bowls returned to wash station	Corrected return of items to dishwasher
6-501.11	N	Equipment / facilities must be in good condition. Eg: The pizza station handrail	11-23-04

WATER MUNICIPAL <input checked="" type="checkbox"/> IN-SITE <input type="checkbox"/> VSSN# _____ AMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>052187</u>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All critical violations corrected: <input checked="" type="checkbox"/> Yes Critical violations not corrected this date:
SANITARIAN NAME <b>JOHN-BRADDOCK</b>		ID# <u>298</u>	SEATING CAPACITY <u>111</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		N/A

INSPECTED BY [Signature]  
RECEIVED BY (Person in Charge) [Signature]  
This signature does not imply agreement or disagreement with any violation noted.

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.

Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>East Side Marie's</i>	STATE I.D. NUMBER <i>24129</i>
ADDRESS <i>2273 Crooks</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>6-506.11</i>	<i>N</i>	<i>and the perimeter sink <del>are</del> have gaps between the wall &amp; sinks. Seal sinks to the wall with silicone. (C) Floors must be in good repair. Eg: Cured base tile outside office is damaged/missing. Replace cured tile as needed.</i>	<i>11-23-04</i>
<i>6-302.11</i>	<i>N</i>	<i>Restrooms must be provided with adequate supplies. Eg: Toilet paper dispensers are empty in the ladies staff restroom. Provide toilet paper for the dispensers</i>	<i>8-23-04</i>
<i>4-903.11</i>	<i>N</i>	<i>Utensils must be properly stored. Eg: The ice cream scoop is on top of the merch in ice cream freezer. Utensils open will.</i>	<i>8-23-04</i>
<i>4-602.13</i>	<i>N</i>	<i>Non-Peel contact surfaces must be kept clean. Eg: The upright cooler with pizza dough has an accumulation</i>	<i>8-23-04</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>Robert Karalish</i>	DATE <i>8-23-04</i>
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FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

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NAME OF ESTABLISHMENT East Side Market CLIENT # 444993

ADDRESS 2273 Crooks CVT 262

ESTABLISHMENT TELEPHONE NUMBER 248-853-9622 CERTIFIED MANAGER ON SITE: YES (NO)

CERTIFIED MANAGER'S NAME Terri Nalpa COURSE TITLE MPA

I.D./CERTIFICATE NUMBER 2427570 DATE 8-21-165-00

CERTIFIED MANAGER'S NAME COURSE TITLE

I.D./CERTIFICATE NUMBER DATE

Article IV states in section 4.3 "A Certified Food Service Manager shall be responsible for overseeing the training of all food handling personnel of the food service establishment. The training shall include the principles of food service sanitation as they apply to the individual employee's work assignment". Responsibilities include, but are not limited to the following:

- Must be a full-time employee at this facility.
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Must develop a formal education program and train employees on the three main causes of foodborne illness: 1. Time/Temperature Abuse 2. Personal Hygiene 3. Cross Contamination
Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
Implement food safety practices in this facility. Examples would include cleaning/maintenance schedules, time/temperature logs and/or quality assurance checklists.
Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
Model proper food safety behaviors acting as a role model at this facility.
If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

HAROLD ABAMOS 8-23-04
Sanitarian & Date

Certified Manager & Date

Signature of Owner/Manager & Date

Position of Certified Manager

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WALLED LAKE MI 48390-3588
(248) 926-3300



# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT East Side Maries CLIENT # 444993

ADDRESS 2273 Crooks CVT 202

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS?  YES  NO

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

**DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food.
- Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page where the menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or may contain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order.

List all food items that require disclosure: Hamburgers and NY Steak

Do all the above listed items have the required disclosure? Steaks need \* YES  NO

**REMINDER VERIFICATION (one of these options must be utilized-check which option has been chosen):**

- Footnote option (check verbiage used):** Place need an asterisk alongside items requiring disclosure directing the reader to a footnote on the bottom of each page that states:
  - Regarding the safety of these items, written information is available upon request. (\*United States Food and Drug Administration's model consumer advisory brochure is preferred written information.)
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (Foods that are not offered may be omitted from verbiage) provided \* by verbiage and NY Steak
  - Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a medical condition (Foods that are not offered may be omitted from verbiage).
- "Notice" option (check verbiage used):** You must place a "Notice" on the first page of the menu or on the page where the first item requiring disclosure appears.
  - Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. (Foods that are not offered may be omitted from verbiage)
  - Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a medical condition. (Foods that are not offered may be omitted from verbiage)
- Placard option:** See MDA Questions and Answers on Consumer Advisory Brochure.
- Brochure option (check brochure that is used):**
  - United States Food and Drug Administration Model Consumer Advisory Brochure
  - Interstate Shellfish Sanitation Conference Brochure for Raw Oysters and Clams

Any subsequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged to have Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.

HARALABAKUS Sanitarian      [Signature] Person-in-Charge      8-23-04 Date

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# FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION  
1200 N TELEGRAPH RD  
PONTIAC, MI 48341-0432

ROUTINE INSPECTION  
 FOLLOW-UP  
 ENF. FOLLOW-UP  
 COMPLAINT  
 INVESTIGATION  
 OPENING INSPECTION  
NEW OWNER  YES  NO  
INSPECTION DATE 12/14/04 A.M./P.M. P

CLIENT NO.  
07388962  
STATE I.D.  
043565

EUROPA BISTRO  
2076 W. AUBURN RD  
ROCHESTER HILLS MI 48309

CVT# 262

MANAGER/OWNER  
PASCAL PAVIANI/3211841

ESTABLISHMENT PHONE  
248-852-0077

12-20-04A10:20 RCVD

NSDI 6/14/05  
RUN DATE 11/05/04  
FOLLOW-UP DATE 12/24/04  
RED. FREQ. YES  NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
3.301.11	C	Sour cream w/ manufacturer's use by date of <u>Nov 5</u> ; Fresh mozzarella w/ manufacturer's use-by date of <u>Nov 5</u> ; Half N Half w/ use by date of <u>Dec 13</u> . Must discard and do not use any manufacturers products that have expired.	<u>corrected</u> <u>discarded</u>
3.501.17 <u>repeat x4</u>	C	No date marking on any products. These made salad dressings must be dated. Open containers of sour cream & fresh mozzarella must be dated w/ use-by dates.	<u>12/24/04</u>
3.603.11 <u>repeat</u>	C	Must have consumer advisory on menu in at least 11 point font. <del>Poster</del> must carry menus → see pamphlet.	<u>12/24/04</u>
4.002.13	NC	Microwave (both in salad & cook area) heavily soiled; wire rack shelves in walk-in heavily soiled. Must clean more often to prevent buildup.	<u>12/24/04</u>
3.501.15	NC	Extremely large pot of sauce in walk-in @ <u>128°F</u> . Must cool in <u>3" or less shallow pans</u> ; in order to cool food quickly. Food must go from <u>&gt;140°F to 70°F w/in 2 hours</u> , & then <u>70°F to 40° in 4 hours</u> .	<u>corrected</u> <u>put in shallow pans.</u>

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> VSSN# _____ SAMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED _____	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All critical violations corrected: <input type="checkbox"/> Yes Critical violations not corrected this date: <u>gfa</u>
SANITARIAN NAME <u>BALLARD</u> ID# <u>383</u>		SEATING CAPACITY <u>50</u> NON-SMOKING AREA YES <input type="checkbox"/> NO <input type="checkbox"/>			

INSPECTED BY [Signature]  
 RECEIVED BY (Person in Charge) [Signature]  
This signature does not imply agreement or disagreement with any violation noted.

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.




Oakland County Health Division  
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Europa Bistro	STATE I.D. NUMBER 388 962
ADDRESS 2076 W. Auburn	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<del>4.501.11</del>		(A) Dirty knife put back into rack.	removed
4.602.11	C	(B) Dirty knife stored between equipment on One must store knives in clean secondary manner.	removed & sanitized
4.101.11	NC	Rag under cutting board. Must use non-absorbent materials in food prep areas. Cannot use rags under cutting boards.	12/24/04
6.501.12	NC	Walls heavily soiled. Walk-in door heavily soiled. <u>Must</u> clean all areas of kitchen more often & more thoroughly. Must create sanitary atmosphere in which to prepare food.	12/24/04
4.501.11	NC	Broken handle on hot box; must repair Violations corrected: - no open employee bev. - hand sink not blocked. - wiping cloths in 100ppm bleach - screen door closed.	

RECEIVED BY (PERSON IN CHARGE) 	INSPECTED BY D. Randall	DATE 12/14/04
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# CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Europa Bistro CLIENT # 388962

ADDRESS 2076 W Auburn CVT MDA 258

DOES FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS?  YES  NO

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

### DISCLOSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):

- Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food.
- Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page where the menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or may contain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order.

List all food items that require disclosure:  
tenderloin, duck breast

Do all the above listed items have the required disclosure? YES  NO

### REMINDER VERIFICATION (one of these options must be utilized-check which option has been chosen):

- Footnote option (check verbiage used):** Place an asterisk alongside items requiring disclosure directing the reader to a footnote on the bottom of each page that states:
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- "Notice" option (check verbiage used):** You must place a "Notice" on the first page of the menu or on the page where the first item requiring disclosure appears.
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  - Interstate Shellfish Sanitation Conference Brochure for Raw Oysters and Clams

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[Signature] Sanitarian Person-in-Charge Date

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