

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>The Golden Eagle</i>	STATE I.D. NUMBER <i>41760</i>
ADDRESS <i>1447 N. Rochester Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4501.11</i> <i>213</i> <i>Repeat</i>	<i>NG</i>	<i>Door gaskets on walk in door all severely worn. Replace the door gaskets to allow door to close securely about its frame and keep unit in good repair</i>	<i>11/1/05</i>
<i>3603.11</i>	<i>C</i>	<i>INADEQUATE Consumer Advisory NOTED on the menu. Properly provide a Consumer Advisory to inform patrons of risks in consuming undercooked foods (Brochure left at ESTABLISHMENT)</i>	<i>10/11/04</i>

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

NAME OF ESTABLISHMENT The Golden Eagle CLIENT # 41760

ADDRESS 1447 N. Rochester 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: OYSTERS, CAESAR SALAD, 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.

Frank Z... Sanitarian [Signature] Person-in-Charge 10/1/04 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 THE Golden Eagle CLIENT # 41760
ADDRESS 1447 N. Rochester Rochester Hills CVT 262
ESTABLISHMENT TELEPHONE NUMBER 931-3283 CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME Adrian Jones COURSE TITLE Serv Safe
I.D./CERTIFICATE NUMBER 3416153 DATE 4/23/03
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.

Frank Zuzo 10/1/04
Sanitarian & Date
I m B... 10/1/04
Signature of Owner/Manager & Date

Certified Manager & Date
(Chet)
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

GOURMET GARDEN
68 ~~125~~ N. ADAMS
ROCHESTER

RD
MI 48309

CVT# 262

- ROUTINE INSPECTION
 FOLLOW-UP
 ENF. FOLLOW-UP
 COMPLAINT
 INVESTIGATION
 OPENING INSPECTION
 NEW OWNER YES NO
 INSPECTION DATE 9-15-04 A.M. ()

CLIENT NO.
00041034
STATE ID.
024056

MANAGER/OWNER
AMY WU/3447267

ESTABLISHMENT PHONE
248-375-7000

09-17-04A09:43 RCVD

NSDI 3-15-05
 RUN DATE 07/05/04
 FOLLOW-UP DATE 9-29-04
 RED. FREQ. YES NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		<i>Corrections from the past inspection</i>	
		<u>3501.14</u> All potentially hazardous food was observed stored $< 45^{\circ}F$ or $> 140^{\circ}F$.	
		<u>7206.11</u> All spray chemicals were found stored in the designated area.	
		<u>4904.13</u> All pre set table ware was observed protected	
		<u>3304.12</u> Bowl is no longer used as a food scoop.	
		<u>6506.16</u> map was observed hung to air dry	
3302.11 REPEAT	C	Raw chicken was found stored next to vegetables. Pork was found stored below raw chicken. Store all raw animal foods in accordance to cooking temperatures and below and away from other foods.	corrected 9-15-04 Food was stored according to cooking temperatures below and away from other foods
4506.114 REPEAT	C	Final Rinse at the dish wash machine did not register a chlorine concentration. Service the dishwasher to provide 50ppm - 100ppm chlorine in the final rinse cycle to ensure adequate sanitization of utensils	9-16-04

WATER <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> ON-SITE SANITARIAN NAME JOHN-BRADDOCK	SEWAGE <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> ON-SITE ID# 298	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>051203</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 type="checkbox"/> Yes Critical violations not corrected this date: 4506.114 6506.11 4602.11 <div style="text-align: right; font-size: 2em; font-family: cursive;">SA</div>
SEATING CAPACITY <u>140</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					

INSPECTED BY
John P. Lawler
 RECEIVED BY (Person in Charge)
Amy Wu
 * 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 Covamet Gardens	STATE I.D. NUMBER
ADDRESS 60 N. Adams Rochester	

ITEM/RULE NO.	CRITICAL		CORRECT BY
6501.111	C	fly problem was observed in the kitchen area, keep doors to the outside closed to prevent entry of disease carrying insects and employ the services of a licensed pest control operator	9-16-01
44602.11	C	can opener was observed with a build-up. Clean can opener after use on at a four interval to prevent food contamination.	9-15-01
3302.11	A-C	Several Bulk Food Storage Containers were observed unlabeled, label all food storage containers to prevent mis-use.	9-16-01

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature] P. Lusk</i>	DATE 9-15-01
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**Oakland County Health Division
Environmental Health Services**

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Courmet Condens</i>	STATE I.D. NUMBER
ADDRESS <i>68 N. Adams Rochester</i>	

ITEM/RULE NO.	CRITICAL	DESCRIPTION	CORRECT BY
4502.11	n.c	An uncalibrated probe thermometer was observed in use, calibrate or discard thermometer to ensure adequate temperature readings of potentially hazardous food.	9-16-01
3305.11	n.c	A large bag of rice was found stored on floor, many food in walk in cooler were found uncovered. Store all food on shelving and cover all food in storage to prevent contamination.	9-15-01
630612	n.c	Paper towels were missing from kitchen and bar hand sink. Provide paper towels to prevent staff from wiping hands on outer clothing.	Corrected 9-15-01 Paper towels provided

RECEIVED BY (PERSON IN CHARGE) <i>→ Amy Wn</i>	INSPECTED BY <i>Don P. LWS</i>	DATE 9-15-01
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**Oakland County Health Division
Environmental Health Services**

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <p align="center">Gourmet Gardens</p>	STATE I.D. NUMBER
ADDRESS <p align="center">Rochester</p>	

ITEM/RULE NO.	CRITICAL	DESCRIPTION	CORRECT BY
630124	n.c	Instructional hand wash signs were missing from one kitchen hand wash sink. Provide employees must wash hands signs to remind staff to wash hands.	9-16-01
2304.11	n.c	A food preparer was observed with a sleeveless shirt. Provide shirts with sleeves to prevent food contamination.	9-16-01
6403.11	n.c	Employee clothing was found stored with food in storage room. Store employee belongings in the designated area to prevent contamination.	9-16-01
3304.12	n.c	Ice scoop handle was found stored in contact with ice. Store ice scoop in the handle up position to prevent contamination.	Corrected 9-15-01 Ice scoop was stored in the handle up position.
		** All surfaces ARE cleaned on a routine schedule GOOD JOB!!!	**

RECEIVED BY (PERSON IN CHARGE) <i>Mary W...</i>	INSPECTED BY <i>John P. Wilson</i>	DATE 9-15-01
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Gourmet Condens CLIENT # 41034

ADDRESS 698 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):

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John D. Lewis Sanitarian [Signature] Person-in-Charge 9-15-01 Date

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FoodForm/ConsumerAdvisoryStatus/2004/32

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FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

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NAME OF ESTABLISHMENT Gourmet Gardens CLIENT # 41034
ADDRESS 68 N. ADAMS CVT 262
ESTABLISHMENT TELEPHONE NUMBER 248-375-7000 CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME Amy WU COURSE TITLE SERVE SAFE
I.D./CERTIFICATE NUMBER 3447267 DATE 5-12-03
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:

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Must monitor employees to ensure safe food handling procedures. Periodically review and update facility's standard operating procedures.
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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: John P. Wilson, Date: 9-15-04)
Signature of Owner/Manager & Date (Signature: Amy Wu, Date: 9-15-04)

Certified Manager & Date
Position of Certified Manager

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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

Bob
248-424-7092

ROUTINE INSPECTION
 FOLLOW-UP
 ENF. FOLLOW-UP
 COMPLAINT
 INVESTIGATION
 OPENING INSPECTION
NEW OWNER YES NO
INSPECTION DATE 7-27-04 A.M.

CLIENT NO.
00353341
STATE I.D.
024110

HAMLIN PUB
1988 S. ROCHESTER RD
ROCHESTER HILLS MI 48307

CVT# 262

NSDI 1-24-04
RUN DATE 06/05/04
FOLLOW-UP DATE 8-3-04
RED. FREQ. YES NO

MANAGER/OWNER JIM BARSZCZOWSKI/3704106 ESTABLISHMENT PHONE 248-656-7700

07-27-04A08:22 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
3-501.16	C	To prevent the growth of pathogens potentially hazardous foods must be kept 45°F or less for cold storage. Eg: Patted hamburgers at 61°F main bulk on table 47. Return to walk-in when finished. Sliced lunchmeat over stocked at top level cooler at 57°F. Other lunchmeats 37-39. Do not over stock	Corrected by Progres
3-301.11	C	Foods (Ready to Eat) must be protected from bare hand contact. Eg: Staff observed handling ready to eat food without food service gloves. Utilize gloves on site	Corrected by discuss
3-501.15	N	Potentially hazardous foods must be properly cooled. Eg: Soups & chili: 117-49°F in deep plastic containers transfer to shallow steel pans	7-24-04
4-501.16	N	To properly monitor sanitizer concentrations chemical test kits must be on hand. Eg: Staff was unable to locate the chlorine test kit. Contact chemical supplier for chlorine test strips	8-24-04
7-601.1	C	Food contact surfaces must be kept clean. Eg: Water	

WATER MUNICIPAL <input checked="" type="checkbox"/> NON-SITE <input type="checkbox"/> ISSN# _____ 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 010504	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
SANITARIAN NAME JOHN-BRADDOCK ID# 298 SEATING CAPACITY 134 NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					All critical violations corrected: <input checked="" type="checkbox"/> Yes
INSPECTED BY <i>John Braddock, R.S.</i>					Critical violations not corrected this date: SA

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>Harlin Pub</i>	STATE I.D. NUMBER <i>24110</i>
ADDRESS <i>1988 Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>5-205.15</i>	<i>Y</i>	<i>is collecting on the bottom of the reach-in cooler. Have the evaporator pan repaired for prep cooler and bar cooler</i>	<i>8-3-04</i>
<i>6-303.11</i>	<i>N</i>	<i>Lighting must be adequate. Eg: The light in the dry storage room is missing. Eg: Provide a light for the wall fixture</i>	<i>8-24-04</i>
<i>4-903.11</i>	<i>N</i>	<i>Storage of single service items must be in an approved location. Eg: Boxed cup lids are on the floor. Keep all items off floors on approved shelving</i>	<i>7-24-04</i>
<i>6-202.14</i>	<i>N</i>	<i>Employee restrooms must be self-closing. Eg: The door to the employee restroom is open. Provide a self-closing device</i>	<i>10-24-04</i>
<i>4-602.13</i>	<i>N</i>	<i>Non-food contact must be kept clean. Eg: The beverage gun holder is soiled. Remove and clean</i>	<i>7-24-04</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>7-24-04</i>
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FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
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NAME OF ESTABLISHMENT Hamlin Pub CLIENT # 3533411
ADDRESS 1988 S. Rochester Rd CVT 262
ESTABLISHMENT TELEPHONE NUMBER 248-656-7700 CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME Jim Barszczowski COURSE TITLE State 6 Service
I.D./CERTIFICATE NUMBER 3704106 DATE 1-5-04
CERTIFIED MANAGER'S NAME COURSE TITLE
I.D./CERTIFICATE NUMBER DATE

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H. M. LABAKOS 7-24-04
Sanitarian & Date
Signature of Owner/Manager & Date

Certified Manager & Date
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

CLIENT NO.
00413856

STATE I.D.
024125

KRUSE & MUER QUALITY FOODS INC
64 N. ADAMS RD
ROCHESTER HILLS MI 48309

CVT# 262

INSPECTION DATE 10-19-04 A.M. / P.M.

NSDI 419-05

RUN DATE 09/05/04

FOLLOW-UP DATE 10-29-04

RED. FREQ. YES NO

MANAGER/OWNER ESTABLISHMENT PHONE
RANDALL WEED/423189/DARREL S 248-375-2303

10-22-04P01:07 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		No outstanding violations from previous inspection.	
2-301.14	C	Improper handwashing observed by dishwasher. After handling soiled dishes, prior to handling clean dishes, employees must properly wash hands. Train employees on proper handwash procedures.	10-29-04
3-201.16	C	Meats in pizza top loader @ 53°F-55°F. ALL potentially hazardous food MUST be 41°F or below to prevent bacterial growth during cold holding. Cooler turned off. MUST monitor temps routinely + train employees on operating equipment.	Discard meats + mushrooms
4-602.11	C	A) Heavily soiled can opener blade B) Inside ledge of ice machine soiled. ALL food contact surfaces must be cleaned + sanitized routinely to prevent build-up.	Cleaned @ dish machine
5-203.14	C	A) Spray nozzle on hose @ hand sink C) Shut off valve on water line to submerged inlets @ garbage grinder. No shut off valves may be downstream from atmospheric vacuum breakers. Remove spray nozzle from hose, remove valve @ grinder OR provide pressure vacuum breaker to plumbing.	10-29-04

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 <u>111194</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 type="checkbox"/> Yes Critical violations not corrected this date: _____
SANITARIAN NAME <u>ESTELL/WESTBROO</u> ID# <u>347</u>		SEATING CAPACITY <u>54</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
INSPECTED BY <u>[Signature]</u> RECEIVED BY (Person in Charge) <u>[Signature]</u>					

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Croise + Muer Quality Foods</i>	STATE I.D. NUMBER <i>24125</i>
ADDRESS <i>64 Adams</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>3-201.11</i>	<i>NC</i>	<i>2 Sops improperly cooling in walk-in @ 61°F and above. MUST utilize rapid cooling procedures to cool food properly. Shallow uncovered pans, ice baths w/ ice scoops, etc. Consider using walk-in freezer w/ ice wands for 1st hrs. DO NOT place sops in deep containers in walk-in if product is above 41°F.</i>	<i>ice wands provided</i>
<i>5-205.11</i>	<i>NC</i>	<i>A) Back handsink blocked by hose, faucet</i>	<i>10-29-04</i>
<i>5-205.12</i>	<i>NC</i>	<i>broken → constant running water.</i>	
<i>6-301.11</i>	<i>NC</i>	<i>B) Cookline handsink w/o hot water AND</i>	
<i>5-205.15</i>	<i>NC</i>	<i>missing soap dispenser.</i>	
		<i>ALL handsinks MUST be accessible @ ALL times AND be stocked w/ hot water (110°F), soap, paper towel, + instruction sign. Keep plumbing in good repair + handsinks set up properly to allow proper handwashing.</i>	
<i>3-301.12</i>	<i>NC</i>	<i>Bowl used to scoop flour/dry product in bulk bin. MUST utilize handled scoops to dispense</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>Dave O'Neil</i>	DATE <i>12-19-04</i>
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Krose + River Quality Foods</i>	STATE I.D. NUMBER <i>24125</i>
ADDRESS <i>64 Adams</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>6-501.110</i>	<i>NC</i>	<i>Employee shirt storage on cans. MUST utilize designated area below + away from food/food contact items to store employee belongings.</i>	<i>none</i>
<i>3-22.15</i>	<i>CC</i>	<i>2 severely dented cans in dry storage. MUST discard OR store separately + label cans w/ dents. to prevent possible botulism contamination.</i>	<i>Labelled separately</i>
		<i>*Improvement noted since previous inspection*</i>	
		<i>Notes: Test strips + thermometer provided, no cross-contamination observed, proper date marking observed, gloves + hats worn, employee drinks stored properly, mgr + chef knowledgeable + cooperative, consumer advisory not required this time, NO mop sink available (employees dump water @ garbage grinder, floor drains + toilets are also acceptable)</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>10-19-04</i>
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Kase + Merca Jity CLIENT # 413856
ADDRESS 64 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.*)
 - 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] X [Signature] 10-19-04
Sanitarian Person-in-Charge 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.

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FoodForm/ConsumerAdvisoryStatus/2004/32

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FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

KUBLAI KHAN CHINESE RESTAURANT
173 S. LIVERNOIS RD
ROCHESTER MI 48307

CVT# 262

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

CLIENT NO.
00041593
STATE I.D.
024066

INSPECTION DATE 8/30/04 A.M.
 NSDI 2/30/05
 RUN DATE 07/05/04
 FOLLOW-UP DATE NOT REQUIRED
 RED. FREQ. YES NO

MANAGER/OWNER
SAU SHEUNG LEE/3071907

ESTABLISHMENT PHONE
248-652-0303

08-31-04P12:51 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		All items noted during last 3/4/04 Follow up inspection have been corrected at time of follow up except for the following Repeat item	
4-501.11 Repeat	NC	CRACKED GASKET NOTED ON THE Del-field tall double door reach in. Replace damaged GASKET TO KEEP UNIT IN good REPAIR	11/30/04
3-305.11	C	Current Deficiencies are: Cooked product and semi cooked product left at Room Temperature. Keep prepared ready to eat product in walk in until ready to eat or prepare. To minimize bacterial growth. (Product was returned to walk in)	Corrected
4-501.11	NC	Dishwasher was lime laden. Delime " " " TO KEEP unit in good OPERATING ORDER	11/30/04
3-305.11	NC	Products in walk in NOT COVERED. Cover " " " " " TO protect from CONTAMINATION	11/30/04

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <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>061302</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
SANITARIAN NAME <u>JOHN-BRADDOCK</u> ID# <u>298</u> SEATING CAPACITY <u>106</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					All critical violations corrected <input checked="" type="checkbox"/> Yes
INSPECTED BY <u>[Signature]</u>					Critical violations not corrected this date

RECEIVED BY (Person in Charge) [Signature]

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 20 P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, 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>Kublai Khan</i>	STATE I.D. NUMBER 24066 <i>41593</i>
ADDRESS <i>173 S. Livernols # 262</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>3-304.14</i>	<i>NC</i>	<i>No wiping cloths NOTED at cook line. MAINTAIN wiping cloths stored in sanitizing solution 100 ppm chlorine to wipe food contact surfaces to minimize bacterial growth</i>	<i>11/30/09</i>
<i>4-602.13</i>	<i>NC</i>	<i>Wall areas by cookline hand sink and wall above chest freezer are in need of cleaning. Clean these wall areas to maintain a sanitary environment</i>	<i>11/30/09</i>
<i>4-501.11</i>	<i>NC</i>	<i>Canopy hood fascia tile and ceiling tile adjacent to canopy hood are grease laden. Discard the tiles and replace with a cleanable non absorbent material to facilitate cleaning in the prep area</i>	<i>11/30/09</i>

RECEIVED BY (PERSON IN CHARGE) <i>See Shepherd</i>	INSPECTED BY <i>Jung</i>	DATE <i>8/30/09</i>
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY	Kublai Khan	STATE I.D. NUMBER	24066 41.593
ADDRESS	173 S. LIVERNOIS	#262	

ITEM/RULE NO.	CRITICAL		CORRECT BY
3-304.12	NC	Improper dispensing utensil NOTED AT Sweet & Sour Sauce bin, UTILIZE A LADLE WITH handle STORED OUT OF product TO AVOID CROSS CONTAMINATION	11/30/04
3-302.12	NC	Bulk food bin NOT labeled. label " " " TO IDENTIFY CONTENTS once removed from ORIGINAL CONTAINER	11/30/04
4-202.16	NC	UNUSABLE MISCELLANEOUS ITEMS NOTED STORED IN dry STORAGE ROOM. REMOVE all unusable items TO REMOVE clutter and FACILITATE CLEANING	11/30/04

RECEIVED BY (PERSON IN CHARGE)	INSPECTED BY	DATE
<i>[Signature]</i>	<i>[Signature]</i>	8/30/04



CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Kublai Khan ^{CHINESE} RESTAURANT CLIENT # 41593
ADDRESS 173 S. LIVERNOS ROCHESTER HILLS 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.

Patrick Zuzg Sanitarian Sau Sheng Lee Person-in-Charge 8/30/04 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.

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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 Kublai Khan ^{CHINESE} Restaurant CLIENT # 44593
 ADDRESS 173 S. LIVERNOIS Rochester Hills CVT 262
 ESTABLISHMENT TELEPHONE NUMBER 652-0303 CERTIFIED MANAGER ON SITE YES NO
 CERTIFIED MANAGER'S NAME Sau Sheung Lee COURSE TITLE Serv Safe
 I.D./CERTIFICATE NUMBER 3071907 DATE 6/13/02
 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.

Frank Zuzg 8/30/04
Sanitarian & Date

Sau Sheung Lee 8/30/04
Certified Manager & Date

Signature of Owner/Manager & Date

CO-OWNER
Position of Certified Manager

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BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432
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(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

MAX & ERMAS
122 N. ADAMS
ROCHESTER HILLS

10-22-04 1:31 RCVD
RD
MI 48309 CVT# 262

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

CLIENT NO. 00427190
STATE ID. 024127

INSPECTION DATE 10-19-04 A.M.

NSDI 4-19-05
RUN DATE 09/05/04
FOLLOW-UP DATE 10-27-04
RED. FREQ. YES NO

MANAGER/OWNER MARGARET EASA/3635956

ESTABLISHMENT PHONE 248-375-1535

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Violations corrected from previous inspection: burgers stored properly, sanitizer solutions @ proper level, bulk food stored properly, unit thermometers provided, cutting boards in good condition, handbikes stored, employee belongings stored properly, silverware stored properly, slicer being cleaned @ this time, food covered, diffuser on @ bar.	
3-302.11	C	A) Raw fish stored above cheese in walk-in	} moved to proper storage
Repeat 2x	C	B) Raw shell eggs stored above cheese in walk-in	
		All raw animal product MUST be stored below + away from ALL cooked ready to eat food AND be stored according to cook-off temps.	
3-603.11	C	Improper consumer advisory on menu. Statement missing on bottom of page w/steaks. Provide disclosure statement to bottom of page.	10/29/04
4-602.11	C	Soiled Knives stored in knife rack. ALL food contact surfaces must be cleaned + sanitized routinely to prevent buildup. Do NOT place soiled knives in rack.	cleaned + sanitized
7-201.11	C	Wiping cloth buckets stored on prep surfaces. ALL chemicals must be stored below + away from ALL food food contact items to prevent contamination from splash.	moved down

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 <u>110403</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 type="checkbox"/> Yes Critical violations not corrected this date <u>3-603.11</u>
SANITARIAN NAME <u>LAWSON</u> ID# <u>210</u>		SEATING CAPACITY <u>174</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		SA	
INSPECTED BY <u>[Signature]</u>			RECEIVED BY (Person in Charge) <u>[Signature]</u>		

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 20 P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, 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>Max + Ermas</i>	STATE I.D. NUMBER <i>24127</i>
ADDRESS <i>122 Adams</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
3-304.12	NC	A) Utensils @ potato station in standing water	10-29-04
	NC	B) Cup used to scoop ice @ wait station	Scoop provided
		ALL Scoops MUST have handles, handles MUST be stored extended up, utensils MUST be stored in running water, water @ 49°F or below OR 140°F or above, keep utensils @ potato station in ice water, provide ice scoop to wait station	
4-501.11	NC	Several coolers/freezers w/ damaged gaskets. Doors MUST have tight seals + surfaces MUST be easily cleanable. Replace gaskets where needed.	10-29-04
6-202.12	NC	Filters/spacers missing @ vent hood. Provide proper equipment to hood system.	
6-202.14	NC	Door to employee restroom open. Door MUST be self-closing to prevent contamination.	↓

Notes: (superdate marking observed, gloves + hats worn, hand sanitizer sticklet accessible, holding temps proper, test strips + thermometer provided, mgr knowledgeable + cooperative) *Follow-up 10-29-04*

RECEIVED BY (PERSON IN CHARGE) <i>John Bouillon</i>	INSPECTED BY <i>Sam Oltos</i>	DATE <i>10-19-04</i>
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Max + Ermas CLIENT # 427190
ADDRESS 122 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: Burgers, Steaks, Fish

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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- Brochure option (check brochure that is used):**
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 - Interstate Shellfish Sanitation Conference Brochure for Raw Oysters and Clams

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[Signature] Sanitarian [Signature] Person-in-Charge 10-19-04 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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FoodForm/ConsumerAdvisoryStatus/2004/32

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

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NAME OF ESTABLISHMENT Max + Ermas CLIENT # 427190
 ADDRESS 122 Adams CVT 262
 ESTABLISHMENT TELEPHONE NUMBER _____ CERTIFIED MANAGER ON SITE: YES NO
 CERTIFIED MANAGER'S NAME Megan Brown COURSE TITLE ServSafe
 I.D./CERTIFICATE NUMBER 3982767 DATE 8-5-04
 CERTIFIED MANAGER'S NAME Patricia Bonilla COURSE TITLE SenSafe
 I.D./CERTIFICATE NUMBER 3335366 DATE 2-12-03

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.

Sara Datto 10/19/04
Sanitarian & Date

Patricia Bonilla 10/19/04
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
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(248) 858-1280

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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

ROUTINE INSPECTION
 FOLLOW-UP
 ENF. FOLLOW-UP
 COMPLAINT
 INVESTIGATION
 OPENING INSPECTION
NEW OWNER YES NO
INSPECTION DATE 9-30-04 A.M.

CLIENT NO.
00040979
STATE I.D.
020750

MULDOONS
3982 W. AUBURN
ROCHESTER HILLS

RD MI 48307-04A10:36 RCVD
CVT# 262

MANAGER/OWNER
STEVE FRYSAI/3253384

ESTABLISHMENT PHONE
248-852-2707

NSDI 3-30-05
RUN DATE 08/05/04
FOLLOW-UP DATE 10-11-04
RED. FREQ. YES NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Violations corrected from previous inspection: Kitchen floor repair	
		CRITICAL VIOLATIONS	
2-401.11	C	Employee 20oz drink @ slicer. All employee beverages MUST have tight fitting lid + straw AND be stored below + away from All food/food contact items. No open/pops/screw on tops.	Discarded in trash
3-302.11	C	Raw shell eggs stored next to lettuce in walk in. All raw animal product MUST be stored below + away from All cooked/ready-to-eat food @ All times.	moved lettuce up
3-501.17	C	Improper/missing date marking. All ready-to-eat potentially hazardous food kept over 24hrs MUST be dated w/ "use by" date no more than 7 days including prep/open date. Include sour cream, tuna salad, lunchmeats, etc.	10-11-04
4-602.11	C	A) Can opener blade soiled B) Inside ledge of ice machine soiled All food contact surfaces MUST be cleaned + sanitized routinely to prevent build-up.	in 3 comp. sink
5-203.14	C	Shut off valve (chem tower) down stream of atmospheric vacuum breaker @ mop sink. Provide side kick/T valve or pressure vacuum breaker.	10-11-04

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 3-501.17 5-203.14 <i>JD</i>
SANITARIAN NAME LAWSON ID# 218		SEATING CAPACITY <u>120</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

INSPECTED BY *Sara Oltz*
 RECEIVED BY (Person in Charge) *Steve Frysal*
 Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 20 P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, 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>Mildcons</i>	STATE I.D. NUMBER <i>20750</i>
ADDRESS <i>3982 Auburn</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>7-201.11</i>	<i>C</i>	<i>Bottle of pesticide stored on shelf next to single use items. Store ALL toxic items below + away from ALL food/food contact items @ ALL times.</i>	<i>chemical storage</i>
<i>Non-Critical Violations</i>			
<i>3-305.11</i>	<i>NC</i>	<i>A) Boxes of chips stored on mop sink</i>	<i>10/1/04</i>
	<i>NC</i>	<i>B) Several open food containers in dry storage All food items MUST be stored in a clean + dry location not exposed to splash AND covered.</i>	
<i>4-202.11</i>	<i>NC</i>	<i>Food stored in open cans. Once can is open, food MUST be transferred to a food grade container.</i>	
<i>4-921.11</i>	<i>NC</i>	<i>A) Soda gun holders missing drain lines</i>	
	<i>NC</i>	<i>B) Cracked gaskets @ Coolers/ freezers All equipment MUST be in good repair. Provide drains for soda holders + provide new gaskets where needed.</i>	
<i>4-903.11</i>	<i>NC</i>	<i>Improper storage of clean dishes. Invert All clean items during storage.</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>9-30-04</i>
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Mudoons</i>	STATE I.D. NUMBER <i>20750</i>
ADDRESS <i>3982 Auburn</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4602.13</i>	<i>NC</i>	<i>A) Clean + Sanitize inside ALL reach in cookers + freezers. Remove ALL buildup on shelves, doors, handles, + bottoms</i>	<i>10/1/04</i>
	<i>NC</i>	<i>B) Clean + Sanitize walk-in cooler floor</i>	
	<i>NC</i>	<i>C) Clean + Sanitize Soda gun holders @ bar</i>	
		<i>ALL Surfaces/equipment MUST be cleaned + sanitized routinely to prevent build-up.</i>	
<i>4903.11</i>	<i>NC</i>	<i>Improper storage of single service/extra dishes in basement. ALL food contact items MUST be stored 6" off floor. ALL single service items MUST also be stored covered + remain wrapped in plastic bag during storage in basement. OR provide covered containers to store single use items.</i>	
<i>6203.11</i>	<i>NC</i>	<i>Light fixtures in basement missing light shields. MUST provide pyrex shields OR plastic tubes w/ both end caps in place.</i>	
<i>6501.114</i>	<i>NC</i>	<i>Basement very unorganized. Organize basement to eliminate pest harborage conditions</i>	<i>✓</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>9-30-04</i>
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Mildens</i>	STATE I.D. NUMBER <i>20750</i>
ADDRESS <i>3982 Auburn</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>Store items 6" off floor. Remove ANY un-used/broken items/equipment. Keep ALL food/food contact items stored separate from ALL other items.</i>	
		<i>Notes: Gloves + ball caps worn, test strips + thermometers provide, consumer advisory proper on menu, sanitizer level proper @ 3 comp sink + wiping cloth buckets.</i>	
		<i>*Follow-up on 10-11-04, correct ALL listed violations prior to this date. ANY items on order should have order receipt.</i>	
		<i>Call w/ questions: Sara Dalton 248-858-1327</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>7-30-04</i>
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Mildays CLIENT # 40979
ADDRESS 3982 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 + 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.

Sara Dutter Sanitarian Steve Luppel Person-in-Charge 9/30/04 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.

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

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 Muldons CLIENT # 40979
 ADDRESS 3982 Auburn CVT 262
 ESTABLISHMENT TELEPHONE NUMBER _____ CERTIFIED MANAGER ON SITE: YES NO
 CERTIFIED MANAGER'S NAME Steve Fryzel COURSE TITLE ServSafe
 I.D./CERTIFICATE NUMBER 3253384 DATE 1/19/02
 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.

[Signature] 9/30/04 Sanitarian & Date
[Signature] 9/30/04 Certified Manager & Date

Signature of Owner/Manager & Date

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

NORTH HILL LANES
 150 W. TIENKEN RD
 ROCHESTER MI 48306

JPH

CVT# 262

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

CLIENT NO.
00041858

STATE I.D.
024078

INSPECTION DATE 10-22-04 A.M.

NSDI 4-22-04

RUN DATE 09/05/04

FOLLOW-UP DATE Not required

RED. FREQ. YES NO

MANAGER/OWNER ESTABLISHMENT PHONE
 THOMAS LANGAN/3898615 - PRES 248-651-8544

10-27-04A08:44 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Corrections from previous inspection	
		4-602-11 Ice machine clean.	
4-703.11	C	3 comp sink setup; no bleach detected in sanitizer compartment. Warewashing should have sanitization set at 50-100 ppm for good bacterial kill. Add bleach to sanitizer.	bleach Added
4-602-11	NC	pop gun soiled inside. All food contact surfaces must be cleaned frequently to prevent buildup of food. Clean more thoroughly	1-22-05
4-302.14	NC	no test strips for bleach sanitizer. A test kit must be provided to measure concentration to keep at safe levels. Obtain test kit. 50-100 ppm	
4-903.11	NC	box of single service napkins on floor at side of bar. All single service items must be stored at least 6 inches off floor. Move to storage.	1-22-05
6-301.14	NC	no signage, no soap, no paper towels	1-22-05
6-301.12	NC	found at 4th comp of 3-c sink. All handwash stations must have soap & towels + signs to ensure handwashing. Add soap & towels.	sign given
4-904.12	NC	single service forks in various directions in cabinets. Arrange handles same way to prevent contamination.	1-22-05

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 <u>060804</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 <u>BALLARD</u> ID# <u>383</u>		SEATING CAPACITY <u>9</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

INSPECTED BY [Signature]

RECEIVED BY (Person in Charge) Charlotte Szymanski

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, 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.



CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Noah Hill Cones CLIENT # 41858
ADDRESS 150 W. Tienken 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

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[Signature] Sanitarian Charlotte Igumnich Person-in-Charge 10/22/01 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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FoodForm/ConsumerAdvisoryStatus/2004/32

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

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NAME OF ESTABLISHMENT North Hill Lanes CLIENT # 41858
 ADDRESS 150 W. Tenken CVT 262
 ESTABLISHMENT TELEPHONE NUMBER _____ CERTIFIED MANAGER ON SITE: YES NO
 CERTIFIED MANAGER'S NAME Thomas Langan COURSE TITLE Servsafe
 I.D./CERTIFICATE NUMBER 3898615 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:

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- 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] 10/22/04
Sanitarian & Date

Certified Manager & Date

[Signature]
Signature of Owner/Manager & Date

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

CLIENT NO.
00807711
STATE I.D.
024015

OCEANIA INN INC
3176 WALTON
ROCHESTER HILLS

BD
MI 48309

CVT# 262

INSPECTION DATE 8/24/04 A.M./P.

MANAGER/OWNER
AMY LEUNG, PRES

ESTABLISHMENT PHONE
248-375-9200

NSDI 2/26/05
RUN DATE 07/05/04
FOLLOW-UP DATE _____
RED. FREQ. YES NO

03-31-04P12:39 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		All items noted on the pre hearing conference list have been addressed	
3-501.16	C	Current and Repeat items from last routine inspection are? Cooked Rice noted at room temperature. Keep rice in cooling unit and properly reheat on order basis to minimize bacterial growth (Rice was placed into walk in)	(connected)
3-501.13	NC	Frozen chicken thawing at room temperature. Repeat " " upon delivery is to be placed in walk in to minimize bacterial growth (Frozen chicken placed in walk in)	(connected)
5-501.115	NC	Debris scattered about dumpster. Repeat Remove debris from this area to aid in vector control	
5-205.11	NC	Access to hand sink blocked. Repeat " " " " Accessible at all times to facilitate handwashing (small mixer moved out of front of hand sink)	(connected)

WATER MUNICIPAL <input checked="" type="checkbox"/> N-SITE <input type="checkbox"/> /SSN# _____ 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 _____	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 JOHN-BRADDOCK ID# 298		SEATING CAPACITY 49 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: Oceania Inn Inc
 ADDRESS: 3176 Walton Rochester Hills
 STATE I.D. NUMBER: 807711

ITEM/RULE NO.	CRITICAL		CORRECT
4-602.13	NC	The following areas are in need of cleaning - Clean the underside of both The long cookline shelf and Soap storage shelf - Clean the wait prep cart Routine cleaning aids in maintaining	11/25/04
3-501.11	NC	A Sanitary environment Food product not covered on wait cart. Keep food product covered to protect food from possible contamination	11/26/04
5-205.15	NC	Floor drain cover missing Provide " " " " to keep waste lines operative	11/26/04
304.14	NC	No wiping cloths NITED A " " " " stored in sanitizing solution 100ppm chlorine or 200ppm quat to wipe food contact surfaces to minimize bacterial growth	11/26/04

BY (PERSON IN CHARGE): PC
 INSPECTED BY: Zuaz
 DATE: 8/1
 PAGE: 1

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>OCEANIA INN</i>	STATE I.D. NUMBER <i>807711</i>
ADDRESS <i>3174 Walton Rochester Hills</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>9-501.11</i>	<i>NO</i>	<i>mini freezer unit needs to be defrosted. Defrost the unit to keep in working order</i>	<i>11/26/04</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>8/26/04</i>
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT OCEANIA INN INC CLIENT # 807711
ADDRESS 3176 Walton 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.

Frank Zuzg Sanitarian [Signature] Person-in-Charge 8/26/04 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 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 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 OCEANIA INN DNE CLIENT # 24015
ADDRESS 3176 WALTON CVT 262
ESTABLISHMENT TELEPHONE NUMBER 375-9200 CERTIFIED MANAGER ON SITE YES NO
CERTIFIED MANAGER'S NAME WAT LEUNG COURSE TITLE SERV SAFE
I.D./CERTIFICATE NUMBER 3839632 DATE 4/26/04
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 [Signature] 8/26/04
Certified Manager & Date [Signature] 8/26/04
Signature of Owner/Manager & Date [Signature]
Position of Certified Manager (OWNER)

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