£	FOOL	SERVICE ES	STABLISI	HMENT INSPE	ECTION REPORT	
918 3		COUNTY HEALTH IN TELEGRAPH IN T	-0432	CVT# 262	FOLLOW-UP FOLLOW-UP ENF. FOLLOW-UP COMPLAINT INVESTIGATION OPENING INSPECTION NEW OWNER YES	
MANAGER/OWNER MATTHE	ANTONIO	J 09-28-04P01:	248	BLISHMENT PHONE -650-2200	NSDI 3-28-05 RUN DATE 08/05 FOLLOW-UP DATE /0- RED. FREQ. YES N	
ITEM/RULE NO.	CRITICAL			REMARKS		
				Employee u	searing ballap	CORRECT BY:
2 40/11	CEn			WIOLAT		
2-401.11	we be	IK-in. All stocal hel	empley au + au contact	ce food + in for for for them. D	beverge mist HL customer esignate a	10-7-04
3-302.11	C Ro	2 1	s store	1 1		
3-301.11	C Emy + 2 not	- food e A Playees Sing Subs. Glures	Utin	es to prever ingredients soon to make	t cross contains to make Saled te Salads, but ted. MUST	fion (s
3-21,17	Seg mc Con Con Con	ente ingr le ALC Sa ket y rea date mon	King on	Sebs. Note	te glores to have hand Any time.	
	hat det inc	glas for	1 11	over 24 ho late 10 m late	to order potent) s. MUSI be one than 7 day	
WATER MUNICIPAL X DN-SITE VSSN#_ SAMPLE COLLECTED	SEWAGE MUNICIPAL ON-SITE	MANAGER CERTIFIED YES NO NO ISSUED	LICENSE POSTED YES X	ANTI-CHOKING TECHNIQUES POSTED YES NO	Critical violations cited All critical violations co	rrected: Yes
SANITARIAN NAM	ME I	D# 218	SEATING CAPA NON-SMOKING AREA		90	
NSPECTED BY Person in This Grant Inch age	/\	t with any violation noted.	P.A. 92 of 2000 within a period (§8-406.11). Fa	 Violations cited in this rep not to exceed 10 calendar 	marked above are violations of the Nort shall be corrected within the time to days for critical Items (§8-405.11) or some may result in license suspension and isted.	rames specified above, but 0 days for noncritical items

NAME OF ESTA	BLISHMENT/F	FACILITY	·7·		· · · · · · · · · · · · · · · · · · ·		l s	TATE I.D.NUMB	FR		
Antor	1/00	Pizz		***************************************		***************************************		2414		· · · · · · · · · · · · · · · · · · ·	
		ectes									
ITEM/RULE NO.	CRITICAL		***************************************							ORR	ECT BY
4-202.11	C	Feci	44	1e-5	1/25	inde «	Jse c	Kain	m 1	<u></u>	704
Report		pans.	lan	s hea	vily c	lanez es	U 501	el Po	side		,
		m/ti	~se	fool:	g ale	2 Cortz.	nas c	de use	>		
4 (-71)						ne fi			***************************************		
4-60211						50,1el. SThe					
		Sanit	izzl	whir	ely-h	e frever	+ 600	1d-0.			
4-501,114	C	Dishow	chin	e not		452/-	MIS	7 60	10		tite
Repeat		D-100	Spor	h :	Sanit	lize p	n fre	y. Mos.	1/0		te time
		Jantit	<u> </u>	ver n	attine	42/+	est 57	yes to)	7	TIME
5-40211		Verity 1/2					· :	/ :			
100/1						nach Mair			_		
		Sens	- G	sck t	6/00	into ic	e ma	hire.	./ -		····
		_				eve Ale			i Colo	2/	7
5-43,11	i		-			Ecilit	,	•			
570313			-			Hside.			25		
		`				Systen		,		-	
RECEIVED BY (PE		7	INSPECT			PRINTE	DATE	117/		4	
STUM		X	1/	-andr	<u>)</u> ~{		1	7-27-04	<i>i</i>		
EHS 1-41 (10/00)		/	P	AGE	OF	7					

NAME OF ESTAB			STATE I.D.NUMBER		
ADDRESS	106	Pizz	24148		
ADDRESS	<u> </u>	, / eec	21/1/0		
918 S.	(2) c/	Los Ar			
	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
ITEM/RULE NO.	CRITICAL	Sink to facility. Dispose me	park	CORRI	ECT BY
		in trilet of floor dringit!	SINC		
		is inskilled, Donot dung atsid			
7-20111		Chemical ggray bottles stuel		10-7	-04
Repeat		to feel items on Shelf helong			
		in bar area. Store ACC better	scals below		
		+ CWay From All Food food corte	ctiters.		
		Abor Critical Violations	<u> </u>		
3-304.12	NC	Several Scaps in bulk bins w/ A	handles		<u> </u>
		tacking find product mist store	Scaps		
		w/ handles at of food groduct.			
3-304.14	NC	No wigins cloth butlet in pry	o gree.		
Rogert		MUST paride Sanifizer bucket T	or Strage		
		of Joths we to Smitize props	veces.		
3-305.14		No prep sink available Emple,			
		vegetables in Continer of autor t	bash.		
		Englyees rinse nordles @ BSpr	95me		
		dish machine MIST proside proper	fog Sink		
		Sink must be of apparalmaterials		1	
<u> </u>		aj ggel a dain			
RECEIVED BY PE	SON IN CH	ARGE) INSPECTED BY DATE			
8/W			7704		
EHS 1-41 (10/00)		PAGE 3 OF 1			

NAME OF ESTA	1		STATE I.D.NUMBER	
40	tonicus	, Pizze	24148	
ADDRESS	? Bix	Loster		
	V	, 0,1		
ITEM/RULE NO.	CRITICAL			CORRECT BY
:(/17:2	, ,			ļ., <u>.,</u> .,
460213	1	Inside freg coolers soited, be	skets, dos	10-7-04
ferent		Inside prop cales soitel. Ge hardles, stehes etc. Clean + S	anitize	
		inside + atside of cooles, Rem		
		food debos/mill builder.		
		The surphies on the g.		
-				
		Several repeat + critical via	al time	
		Correct ALL cited violations	acion to	
		l		
		tollar-pon 10-7-04. Any item		
		need time to install order, pros.		
		order + purchase receipt a tim	re of	
		Tollow-ep. Call w/ any guestic San Dalton 248-858-1327	7/1S	
		Ser Do Hu 248-858-1227	7	
RECEIVED BY (PE	RSON IN CA	ARGE) JNSPEÇTED BY 2 // DA	ĪF	
	4/	1 Sara Jalla	92201	
EHS 1-41 (10/00)		PAGE 4 OF 4		



CONSUMER ADVISORY STATUS VERIFICATION

		\ \				
NAME	OF ESTABLISHMENT_	Antonias	Pizza	CLIENT #	70346	
ADDRE	ss <u>918 S, (</u>	actests		CVT	462	
DOES 1	ACILITY OFFER RAV	V OR UNDERCOOKE	ED ANIMAL-BASED I	FOODS? YES	NO	
IF YES	BOTH A DISCLOSUR	E AND A REMINDER	R ARE REQUIRED			
DISCL	OSURE VERIFICATION	N (one of these options	must be utilized-check	which option has been	n chosen):	
□ □ List all f	Each item can include the Place an asterisk next to the menu item appears. To contain raw or undercook and items that require discontinuous contains that require discontinuous contains that require discontinuous contains that require discontinuous contains and contains that require discontinuous contains and contain	the food item requiring of The footnote must indicated ingredients; or may be	lisclosure, directing the te that asterisked items	reader to a footnote <u>on t</u> are served raw or under	the bottom of the page vecooked; contain or may	where
Do all th	e above listed items have	the required disclosure?		YES	NO	
REMIN	DER VERIFICATION (one of these options m	ust be utilized-check w	hich option has been c	thosen):	
	Administration's m ☐ Consuming raw or (Foods that are not) ☐ Consuming raw or	teach page that states: ty of these items, written advisory undercooked meats, pour toffered may be omitted undercooked meats, pour a medical condition are a medical condition.	n information is available brochure is preferred valtry, seafood, shellfish, from verbiage) altry, seafood, shellfish,	e upon request. (*Unite vritten information.) or eggs may increase yo or eggs may increase yo	d States Food and Drug our risk of foodborne il	g lness.
	foodborne illness. (Notice: Consuming	verbiage used): You musure appears. Is raw or undercooked musure not offer are not offer are not offer are not offer as a specially if you have a	eats, poultry, seafood, sl red may be omitted from eats, poultry, seafood, sl	nellfish, or eggs may ind verbiage) nellfish, or eggs may ind	crease your risk of	<u>the</u>
	Placard option: See MDA Brochure option (check □ United States Food □ Interstate Shellfish	A Questions and Answe brochure that is used): and Drug Administration Sanitation Conference I	on Model Consumer Ad	visory Brochure		
Any subs to have I Sanitaria	equent reprinting of menu invironmental Health staff	s must comply with both review menus prior to p Person-in-Cha	printing to a bid any uit	A Advisory requiremen. necessary reprinting co	t. Facilities are encour sts. Date	aged
			_			

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 http://www.co.oakland.mi.us/health 1010 E WEST MAPLE RD WALLED LAKE MI 48390-3588 (248)926-3300

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.

the invited a room partitor receiped.	
NAME OF ESTABLISHMENT Antonias &	
ADDRESS 918 S. Rochester	cvt262
ESTABLISHMENT TELEPHONE NUMBER	CERTIFIED MANAGER ON SITE: YES (NO)
CERTIFIED MANAGER'S NAME	COURSE TITLE
	DATE
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
 Time/Temperature Abuse Personal Hygier Must monitor employees to ensure safe food handling operating procedures. Implement food safety practices in this facility. Exactime/temperature logs and/or quality assurance check Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation Model proper food safety behaviors acting as a role 	employees on the three main causes of foodborne illness: a. Cross Contamination ag procedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules, klists. as are corrected. Review findings with area sanitarian and discussilation trends. model at this facility. cility, Oakland County Health Division must be notified and a new
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 ROUTINE INSPECTION

PONTIAC. MI 48341-0432 BRAVO CUCINA ITALIANA

286 ADAMS

MANAGER/OWNER

ROCHESTER HILLS MI

MICHAEL ZANGRCHAK/3136440

48309

CVT# 262

ESTABLISHMENT PHONE

248-375-9644

09-21-04A08:02 RCVD

☐ FOLLOW-UP

☐ ENF. FOLLOW-UP □ COMPLAINT

☐ INVESTIGATION

□ OPENING INSPECTION NEW OWNER ☐ YES ☐ NO

INSPECTION DATE 9-16-04

CLIENT NO.

STATE I.D.

040303

00988612

3-16-05 NSDL

67/05/04 RUN DATE FOLLOW-UP DATE

9-30-04 RED. FREQ. NOXI YES 🗌

	COSTIGAL	I DEMANYO	CORRECT BY
TEWAULE NO.	CRITICAL	REMARKS	ii
		"Corrections from the past inspection report	
	-	[3302010] All ROW animal Foods were stoned below	
		and away from other Foods and in accordance to	
		to cooling temperatures.	
	1	6301, 12 All hand wash sinks were Provided with	
	,	Paper towels.	
		12401.11 There was no evidence of employee foods	
		at waitzess Station,	
		(490311) Blander At Bay is longer Stored on the	
		floce.	
		3303.11 Wine buttles are no longer Stored in th	
		Potable 3ce	
		· · · · · · · · · · · · · · · · · · ·	consider)
3501.17	Ĺ	Preparation dates were observed on ready to eat	9-16-00)
REAEAT		Potentiarry hazendous Foods. Place expansion dutes	Expension duties were
		on vendy to ent Potentially LABerdous Foods	Placed on Resident
			Paken. Hoz Feeds
			Coverted
240611	۷	Employee durinles were found Stand above ico mechine	9-16-04
		and next to food Prop areas Store employee	Beverages were
		drinks below and away from food and Riep areas	and eminy
		to Prevent contamination	

ON-SITE		MUNICIPAL	X	NO	, A	YES	X.	YES		All critical violations corrected: Yes
NSSN# SAMPLE COLLECTED	James and State of St	ON-SITE		ISSUED	<u>081602</u>	NO		NO	l traces	Critical violations not corrected this da
SANITARIAN	NAN	ΛΕ	1	D.11	298	SEATIN	IC CADA	CITY 386		1 53 32 14) A

AREA

POSTED

SEATING CAPACITY 386 5203,14) NON-SMOKING

NO 🗌

YES 🗌

ANTI-CHOKING

TECHNIQUES POSTED

□ No

corrected this date:

JOHN-BRADDOCK

NSPECTED BY

WATER

MUNICIDAL

RECEIVED BY (Person in Charge)

or disagreement with any violation noted

ID#

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.

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000,

		INSPECTION REPORT SUPPLEMENT	
NAME OF ESTAE	BLISHMENT/F	ACILITY STATE I.D.NUMBER	
Bizm	vo Ci	Cina	
ADDRESS			
2%6	ADAV	ns Rochester Hils	
ITEM/RULE NO.	CRITICAL		CORRECT BY
	GRITIOAL		
4506,114	۷	Sanitizen concentration in wiping	9-16-0c)
REpert		- 1	Sanitizan
		cloth solution was >300,000 Quatz	Solution
		Dilute Solution to provide Zooppan - 300ppan	to 30 opp
		quatz to rensure effective Sanitization	
		of the cloths and Surfaces to be cleaned	
		•	
4602.11	<u>C</u>	I CE machine chute was obsenced with	9-17-01)
		a build up, clean the interior of	
		the ice machine on a vootine schedule	
		to protect ice From Contamination,	
°on ,e			,
3501,16	3-46-16 ⁻⁷	cooled Rice at the mot holding 7	Coverte
REPEOL		unit was 130°F. Stone hot potential	9-16-0.1
		hazerdous food Above 140°F. to knevent	LA to
		microbial contamination.	(10)
520314		Shut off Uplue Found down streath of	9-30-04
		mop sink vacuum breaker, Remove Shut off	
		value or Movide apressure Vacuum breaker	WAHS)
RECEIVED BY (PE		ARGE) INSPECTED BY DATE	
-Penio!	M.) Slois	a-16-04	

PAGE _____ OF ____

EHS 1-41 (10/00)

NAME OF ESTABLISHMENT/FACILITY		STATE I.D.NUMBER
BRAVO Cucing		
286 ADAWS	Rochester Hills	

ITEM/RULE NO.	CRITICAL		CORRECT BY
3603.11	۲.	Consumer advisory on menu must	9-30-01
		Rend as Follows, Consuming vaw or	
		undercoolied meats may increase	
		Grun night of food bonne disense	
		esnecially if you have a medical	
		Condition. Place an asterile next to	
		Steak items on the menu	
Wat-1			
3302.12	n.c	Some bull Food Stanage Containers	9-17-0-1
		Were unissing label, Lakel bulk food	
		containens to prevent mis-use.	
3304.12	r.C	Bulli food Stornge Scoop handle was observed	(& UVEL + CO) 9-16-0-1
		in contact with food. Stone scoops in the	
		handle up position to prevent contamination.	
4204.112	h.c	Some verthelm coolers were missing thermone	cas, 9-17-a
		Supply Conspicuous thermometers to enable	
**************************************		Staff to monitor Safe Good Storage temperature	5.

RECEIVED BY (PERSON IN CHARGE)	INSPECTED BY	9-16-0-
EHS 1-41 (10/00)	PAGE OF	

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY

STATE I.D.NUMBER

	\$V0	Cueina	
ADDRESS ことを	ADAV	ns Rochester	
ITEM/RULE NO.	CRITICAL		CORRECT BY
	*	This is a very clean well organized	
_		Food Service Vacility, Management is	
		eager to covvect all violations and	
		Comply with all safe Food handling issues.	
		I strongly Suggest that management	
		Responsible to the focus on	
		chitical Violations listed on inspection reports	
		1 CPOZES	
REGEIVED BY (PE	ERSON IN CH	IARGE) INSPECTED BY DATE 9-16-01	
EHS 1-41 (10/00)		PAGE OF	



CONSUMER ADVISORY STATUS VERIFICATION

NAME	OF ESTABLIS	HMENTF	Sravo Cu	CINA	CLIEN	T# 969	2612
ADDRE	_{ESS} 286_	ADAMS	• •		CVT_	262	
DOES	FACILITY OF	FER RAW O	R UNDERCOOK	ED ANIMAL-BASE	D FOODS?	(YES)	NO "
IF YES	, BOTH A DIS	CLOSURE A	ND A REMINDE	R ARE REQUIRED			
DISCL	OSURE VERI	FICATION (0	ne of these option	s must be utilized-ch	eck which option	has been cl	hosen):
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 th	ne above listed i	tems have the	required disclosure	?		YES	NO
REMIN				nust be utilized-chec			
	footnote on the Regardi: Adminis Consum (Foods i) Consum	bottom of each ng the safety of tration's mode ing raw or und that are not off ing raw or und	ch page that states: If these items, writted consumer advisorates, plercooked meats, prefered may be omitted the cooked meats, precooked meats	d from verbiage)	able upon request ed written informa sh, or eggs may in sh, or eggs may in	. (*United S tion.) acrease your	States Food and Drug risk of foodborne illness. risk of foodborne illness,
	first item requi ☐ Notice: foodbor ☐ Notice:	ring disclosure Consuming rav ne illness. (Foo Consuming rav ne illness, espe	e appears. w or undercooked it ods that are not off w or undercooked it	nust place a "Notice" oneats, poultry, seafood ered may be omitted fineats, poultry, seafood medical condition. (I	l, shellfish, or egg com verbiage) l, shellfish, or egg	s may increas	ase your risk of
□ 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.							
	un.	LAUS	1 Denni			9-	16-04
Sanitari	an		Person-in-C	harge /		r	Date

PONTIAC MI 48341-0432

(248) 858-1280

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

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

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

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432

federal eligibility requirements apply for certain programs.



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

the facility s food service neclise.	
NAME OF ESTABLISHMENT 3 RAVO CUO	CLIENT # 968612
ADDRESS ZEG ADAMS	CAL SES
ESTABLISHMENT TELEPHONE NUMBER 248-37	5-9644 CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME Michael ZAL	GRACHAK COURSE TITLE SERVE SAFE
I.D/CERTIFICATE NUMBER 3136440	DATE 8-16-07
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
 the following: Must be a full-time employee at this facility. Must be able to make decisions regarding work pra Must develop a formal education program and train 1. Time/Temperature Abuse 2. Personal Hygie Must monitor employees to ensure safe food handle operating procedures. Implement food safety practices in this facility. Extime/temperature logs and/or quality assurance che Review health inspections to ensure critical violation time frames for corrections. Monitor facility for vi Model proper food safety behaviors acting as a role 	n employees on the three main causes of foodborne illness: ne 3. Cross Contamination ing procedures. Periodically review and update facility's standard tamples would include cleaning/maintenance schedules, cklists. ons are corrected. Review findings with area sanitarian and discuss clation trends. e model at this facility. icility, Oakland County Health Division must be notified and a new
Sahitarian & Date	Certified Manager & Date
slamis 11 / 2-16-04	
Signature of Owner/Manager & Date	Position of Certified Manager
The Oakland County Health Division will not deny participation in its p	programs based on race, sex, religion, national origin, age or disability. State and

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 PONTIAC MI 48341-0432

federal eligibility requirements apply for certain programs.

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 CLIENT NO. X ROUTINE INSPECTION FOLLOW-UP PONTIAC, MI 48341-0432 STATE I.D. 020328 ☐ ENF. FOLLOW-UP ☐ COMPLAINT C K DIGGS ☐ INVESTIGATION 2010 AUBURN RD □ OPENING INSPECTION CVT# 262 ROCHESTER HILLS ΜI 48309 NEW OWNER ☐ YES ☐ NO INSPECTION DATE 10-14-04 A.M. (P.M. **ESTABLISHMENT PHONE** MANAGER/OWNER CHRISTOPHER KHAMI/3495211 248-853-6600 09/05/04 **RUN DATE** 10-18-04/10:42 RCVD 10-22-64 **FOLLOW-UP DATE** RED. FREQ. YES 🗌 NO 🖸 CRITICAL REMARKS ITEM/RULE NO. CORRECT BY: nooler discarded CONSUMIN TON 3-201.11 too loader (D)(D) CHEO 'OK 5-400.11 Mac dain Anu drain لكەمو 4-703-11 10-22-64 not sanitizin santhzin \subseteq Nine machine WATER MANAGER CERTIFIED LICENSE ANTI-CHOKING Critical violations cited: SEWAGE POSTED TECHNIQUES POSTED X /UNICIPAL YES X All critical violations corrected: Yes 7 IN-SITE MUNICIPAL X NO YES YES ISSUED 101503 VSSN# ON-SITE NO Critical violations not corrected this date: SAMPLE COLLECTED SANITARIAN NAME 218 151 SEATING CAPACITY ID# 4-703 11 NON-SMOKING YES 🗵 AREA NO 🗌 INSPE 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 reasivad by (F erson in Charge) (§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. y agreement or disagreement with any violation noted

NAME OF ESTA	BLISHMENT/F	ACILITY STATE I.D.NUMBER	₹
CX	Dich	5 0081385	56
ADDRESS 2015	Anbu	in Rd Robester Hills, MI	
		·	
ITEM/RULE NO.	CRITICAL		CORRECT BY
3-302-11	C	beef tound above fish; fish next to	Fish moved
		chiclen in walk-in cooler. All our	Deet;
		animal foods must be stood according	chiden Stored

3-362-11	C	beef tound above fish; fish next to	Fish moved
		Chicken in Walk-in cooler. All row	beets
		animal foods must be stood according	chiden Stored
		to cooking temperatures. Chicken (both)	below
		beef -> fish (Aborc)	
4-602.13	NC	SASkets soiled along preparalers	1-14-65
		at cookline. All nonfood contract	
		surfaces must be cleaned frequently	
		to prevent accumulation & soit. Clean	
		prep coolers.	
4-501.12	NC	cutting boards Along cookline are	1-14-05
Repeat		stained and have various grooves in	
\\\\		them. All cathay surfaces must	
		be resurfaced or replaced when	
		they have become stained and hard	
		to clean. Olo Resurface or replace	
		to prevent bacterial contamination.	·

RECEIVED BY (PERSON IN CHARGE)	INSPECTED BY	DATE 10/14/04
EHS 1-41 (10/00)	PAGE OF3	

NAME OF ESTAE	BLISHMENT/F	ACILITY	STATE I.D.NUMBER	
ADDRESS	Dicio	, <	00812850	D
ADDRESS				
2010	Aubir	in Rd Rochecter Hills 1	NT	
<u> </u>	1			
ITEM/RULE NO.	CRITICAL			CORRECT BY
5-2051	NC	ice, fruit, stirring stows in	handsink.	1-14-05
		Handsinks Are to be used for		
		purposes only. Do not place 5	rood,	
		drinks or any other items in)		
4-204.112	NC	purp coolers do not have their	nonuters	1-14-65
		All mechanically refrigerated un	its	
		must have temperature measure	ing divice	
		to monitor temperature. Add t	lermoneters	
		to ecolers.		
	····			

	****		*****	
RECEIVED BY (PE	ERSON IN CH	ARGE) INSPECTED BY DATE	10/14/04	
EHS 1 41 (10/00)		9 OF 3	/ / '	



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 DCS	CLIENT # 812856
ADDRESS 2010 Auburn	CVT 26Z
ESTABLISHMENT TELEPHONE NUMBER	CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME Christopher	Khami COURSE TITLE Sensage
I.D/CERTIFICATE NUMBER 3495211	DATE
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
 Time/Temperature Abuse 2. Personal Hygier Must monitor employees to ensure safe food handli operating procedures. Implement food safety practices in this facility. Extime/temperature logs and/or quality assurance check Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation Model proper food safety behaviors acting as a role of the Certified Food Service Manager leaves the factorified Food Service Manager must be employed 	ne mployees on the three main causes of foodborne illness: ne 3. Cross Contamination ng procedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules, cklists. ons are corrected. Review findings with area sanitarian and discuss clation trends. model at this facility. cility, Oakland County Health Division must be notified and a new at the facility within 90 days.
Sanitarian & Date	Certified Manager & Date
Signature of Owner/Manager & Date	Position of Certified Manager

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 PONTIAC MI 48341-0432

federal eligibility requirements apply for certain programs.

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

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

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



CONSUMER ADVISORY STATUS VERIFICATION

DEIAM	LETT OF MODIFIES DESTROYS			
NAME	OF ESTABLISHMENT CK	Diggs	CLIENT # <u>81</u>	2856
ADDR	ess 2016 Auburn		CVT2	62
DOES	FACILITY OFFER RAW OR UNDERC	OOKED ANIMAL-BASED	FOODS? YES	NO
IF YES	, BOTH A DISCLOSURE AND A REMI	NDER ARE REQUIRED		
DISCL	OSURE VERIFICATION (one of these o	ptions must be utilized-che	ck which option has been	chosen):
List all	Each item can include the disclosure, that the Place an asterisk next to the food item requirements the menu item appears. The footnote must contain raw or undercooked ingredients; or food items that require disclosure: Mon on well a starks	niring disclosure, directing the indicate that asterisked item is may be requested undercoo	e reader to a footnote <u>on the</u> s are served raw or underce ked; or can be cooked to on	ne bottom of the page where ooked; contain or may rder.
Do all t	ne above listed items have the required discl	osure?	YES	NO
REMIN	DER VERIFICATION (one of these opti	ions must be utilized-check	which option has been cl	iosen):
	Footnote option (check verbiage used): Footnote on the bottom of each page that strength and the safety of these items, Administration's model consumer and Consuming raw or undercooked mean (Foods that are not offered may be a Consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming raw or undercooked mean especially if you have a medical consuming	ates: written information is availarly dvisory brochure is preferred ats, poultry, seafood, shellfist omitted from verbiage) ats, poultry, seafood, shellfist dition (Foods that are not of a word o	ble upon request. (*United written information.) h, or eggs may increase you h, or eggs may increase you fered may be omitted from the first page of the menus shellfish, or eggs may increase way verbiage) shellfish, or eggs may increase	I States Food and Drug ur risk of foodborne illness. ur risk of foodborne illness, verbiage). or on the page where the rease your risk of
	Placard option: See MDA Questions and A Brochure option (check brochure that is ☐ United States Food and Drug Admin ☐ Interstate Shellfish Sanitation Confe	used): istration Model Consumer A	dvisory Brochure	
Sanitari	/ (rior to printing to avoid any t	unnecessary reprinting cos	10/14/07/ Date
	and County Health Division will not deny participat gibility requirements apply for certain programs.	tion in its programs based on rac	ce, sex, religion, national origin	n, age or disability. State and

27725 GREENFIELD RD

(248) 424-7000

FoodForm/ConsumerAdvisoryStatus/2004/32

PONTIAC MI 48341-0432

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1010 E WEST MAPLE RD

WALLED LAKE MI 48390-3588

YELLOW = FACILITY PINK = SANITARIAN

FOOD SERVICE	ESTABLISHMENT INSF	PECTION REPORT
OAKLAND COUNTY HEAL 1200 N TELEGRAP PONTIAC, MI 483	1 (# <u>\</u>	ROUTINE INSPECTION CLIENT NO. 00491795 FOLLOW-UP ENF. FOLLOW-UP COMPLAINT CLIENT NO. 00491795 STATE LD. 024146
CHILIS GRILL & BAR #195 2735 S. ROCHESTER RI ROCHESTER HILLS MI	D 4830 7 CVT# 262 ⁻	☐ INVESTIGATION
MANAGER/OWNER -KIRK MAKELA/3456250	ESTABLISHMENT PHON	NSDI 4-17-05
Daniel Spener 382259		RUN DATE 09/05/04 FOLLOW-UP DATE 10-22-04 RED. FREQ. YES NO 10
ITEM/RULE NO. CRITICAL	REMARKS	CORRECT BY:
bin lids in freezer flo	correctal from 1	receptueles grovidely (frovided splash shields
2-30/14 C Mishandling cookline. C	neats and then ha	occis ster employees wo note offer took cook
employees mendling ase can good	JUST WASh honds of a product. Tangs.	iscal to hadle
3-302.11 C Improper grand bee foduct he tool items on bottom.	Strage of ray from fin walk-ing Ste elas + away from AND Whighest (Chicken Dance)	Dacont ray moved Dre All ray bacon All offer grand Cook off temp Loef > Sterk + pork + Sexfand
2-40/11/ C Englageed/ Reget Single-Serv	ice items. ALL e	itstation over Discould
WATER IUNICIPAL IN-SITE IUNICIPAL IN-SITE IUNICIPAL IN-SITE IUNICIPAL IUNICIPAL	POSTED TECHNIQUES POSTED YES X YES NO NO NO	All critical violations corrected: Yes Critical violations not corrected this date: 3-9/,17 5-4/2,11 5-2-2,13
NSPECTED BY RECEIVED BY (Person in Charge) [his signature does not imply afreement of disagreement with any violation noted.	P.A. 92 of 2000, Violations cited in this within a period not to exceed 10 calend	ems marked above are violations of the Michigan Food Law of 2000, report shall be corrected within the time frames specified above, but dar days for critical items (§8-405.11) or 90 days for noncritical items notice may result in license suspension and/or other legal action.

NAME OF ESTA		*			s	TATE I.D.NUMBER		
Chili-	s G/	ill + Ba	· V		***************************************	24146		
		hesty						
ITEM/RULE NO.	CRITICAL		i /	<i>f</i>			CORR	ECT BY
		MUST h	are tight	+ Kitting	/id+	stray		
				last away				
				ne NO gre		7	in-t	p5.
3-821,17	C	1	. /	cking, ms	,		K-72	ŧ
		1 050 6,1	date not	- propodate		nove than	1 /	
				splyer d				\
				valles, eggs				
5-2215			: E	s hela flo		-	·	
				are, MUS				
			. ,	le + Acod	v بر	1000		
5-402,1)	C	_ 0				$n \sim T$		
fagat		. v .		ice much		A Committee of the Comm		
		1.6	والمستور المستور	dw drin)	,			
7-2e1.1)		· ·		et Strade	2"		170,5	√ √
			. 1 9 1	les. All co		2	hea	<i>N</i>
		he store	below t	acy from	ALL	food.		
		\mathcal{A}	bn-C14	Fic./Vic	plation	25		
3-34.12	nc	A) Several	lice Sca	cps in spa	dy sta	Tel .		
	nc	B) 79ms		liments imp	1	5/05/		
	NC	C) Scape		ades impo	0 /	sturel		· · · · ·
Regent	NC.	D Knives	0 , /	U	equia	mant	1	<i>J</i>
RECEIVED BY (PI	ERSON IN CH		PECTED BY		DATE			
8 /0	L		Sond) al 6	10-	12-04	47000	
EHS 1-41 (10/00)	•		PAGE 2	_ OF				

NAME OF ESTA	BLISHMENT/I	FACILITY	STATE I.D.NUMBER
Chilis	Soil	11+Bar	24146
ADDRESS 2735	Rock	xter	
ITEM/RULE NO.	CRITICAL		CORRECT BY
		ALL Scaps/tons MUST be s	strelal
		hardle at of food product to	freent
		continution from Englayeet a	17
3-304.14	NC	Sanititer concentration law in w	
Gat		bickets MST be 200 gan quats to	Sanitize
4-20216	NC		
		non-absorbert materials, smooth-	
630/12	10	A) loger tovel engly a restrum	hardsink - Baride
fget		B) Pgentocal engly @ waitstution,	
		All handsinks must be stocke	
		times to figurely wish hards,	
		Notes) Hot + add holding propan	Let a - him
		sanitizing, Homonek + test st	ins perioded
		glass their coverings worn, mas	* 11 . 6 . 1
		Just the courty of the	The wedge the
		XF0//cw-lpon 10-22-048	
		Joseph January Company	
RECEIVED BY (PE	RSON IN CH	ARGE) INSPECTED BY DATE	E
X /)-12-c4
EHS 1-41 (10/00)		PAGE OF	



CONSUMER ADVISORY STATUS VERIFICATION

NAME	OF ESTABLISHMENT Chilis By + Gill	CLIENT # <i>Ċ_f</i> <	7(795
ADDR	ESS 2735 Prochester	cvt_26°	
DOES	FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BAS	SED FOODS? YES	NO
IF YE	S, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRE	D	
DISCI	OSURE VERIFICATION (one of these options must be utilized-	check which option has been o	chosen):
List all	Each item can include the disclosure, that the food item is, or contain Place an asterisk next to the food item requiring disclosure, directing the menu item appears. The footnote must indicate that asterisked is contain raw or undercooked ingredients; or may be requested undergood items that require disclosure:	g the reader to a footnote on the tems are served raw or underco	bottom of the page where oked; contain or may
Do all	the above listed items have the required disclosure?	YES	NO
REMI	NDER VERIFICATION (one of these options must be utilized-che	eck which option has been cho	osen):
	Footnote option (check verbiage used): Place an asterisk alongside footnote on the bottom of each page that states: Regarding the safety of these items, written information is av Administration's model consumer advisory brochure is prefered Consuming raw or undercooked meats, poultry, seafood, shele (Foods that are not offered may be omitted from verbiage) Consuming raw or undercooked meats, poultry, seafood, shele especially if you have a medical condition (Foods that are not pound if you have a medical condition (Foods that are	ailable upon request. (*United lared written information.) Ifish, or eggs may increase you lifish, or eggs may increase you toffered may be omitted from v	States Food and Drug r risk of foodborne illness. r risk of foodborne illness, perbiage).
	 "Notice" option (check verbiage used): You must place a "Notice' first item requiring disclosure appears. □ Notice: Consuming raw or undercooked meats, poultry, seafo foodborne illness. (Foods that are not offered may be omitted. □ Notice: Consuming raw or undercooked meats, poultry, seafo foodborne illness, especially if you have a medical condition. verbiage) 	od, shellfish, or eggs may incre from verbiage) od, shellfish, or eggs may incre	ase your risk of
	Placard option: See MDA Questions and Answers on Consumer Ad Brochure option (check brochure that is used): ☐ United States Food and Drug Administration Model Consumer Interstate Shellfish Sanitation Conference Brochure for Raw (er Advisory Brochure	
Any sub to have	sequent reprinting of menus must comply with both aspects of the Cor Environmental Health staff review menus prior to printing to ayoid a	nsumer Advisory requirement. ny unnecessary reprinting costs	Facilities are encouraged :
Sanitari	on Jalla & Jalya		10-12-04
Samtari	an Person-in-Charge	1	Date
The Oak	land County Health Division will not deny participation in its programs based on	race sex religion national origin	age or disability. State and

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

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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.

11.

NAME OF ESTABLISHMENT Chills Golf+15	CLIENT # 47/79
ADDRESS 2735 Rachesty	cvt_262
ESTABLISHMENT TELEPHONE NUMBER	CERTIFIED MANAGER ON SITE: (ES) NO
CERTIFIED MANAGER'S NAME Spencer	COURSE TITLE SOUS
I.D/CERTIFICATE NUMBER 3822583	DATE 4-14-04
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
	d health concerns at this facility. Sees on the three main causes of foodborne illness: Cross Contamination dures. Periodically review and update facility's standard Yould include cleaning/maintenance schedules, Forected. Review findings with area sanitarian and discussends. It this facility. kland County Health Division must be notified and a new cility within 90 days.
Signature of Owner/Manager & Date Position	of Certified Manager

FoodForm/ArticleIV/DataColandResponsibilities/2004/13

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432

PONTIAC MI 48341-0432

(248) 858-1280

federal eligibility requirements apply for certain programs.

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

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FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

			SERVIC	LLS	IADLIS	IIVICIVI II	NOFEC	HON REPORT	
	1	200 N	COUNTY HE TELEGR C, MI 4	APH R	D	M		ROUTINE INSPECTION FOLLOW-UP ENF. FOLLOW-UP	CLIENT NO. 00590738 STATE J.D.
CHUCK E	E CHE	ESES	PIZZA					COMPLAINT INVESTIGATION	024156
			\$± *		yen,		,, <u>,</u> c	OPENING INSPECTION	
AUCHES I	ich n	1663	MI	400	.	CVT#	1 '	VEW OWNER ☐ YES ☐ NO NSPECTION DATE <u>10 ~</u>	
MANAGER/OWNER	PALE	1. T N 3	GEN HGR			BLISHMENT F	HONE	ISDI 4-1-65	
37150.1		3* Z : 5 3	oth now		2 4 0-	*	1	ISDI <u>1 1 1 0 5 1</u>	
			10-05-0	4A10:	10		F	OLLOW-UP DATE 10-	11-04
							 -	RED. FREQ. YES N	
ITEM/RULE NO.	CRITICA		~			REMARKS			CORRECT BY:
								s inspection	
		3-3	E1.408					usédas	
				<u> </u>	spense	ns Ba	1000	<u>)</u> .	
		2-3	502112					n line repaired)
		3-1	304.14	V	prigie	eloth '	bucke	ets used	
Todays	ppa								
4-703-11	1							nitizer during	(sanitizer
Kepent		Cy	<u>ile. D</u>	ishre	19 chine	eun 2-	it have	e Adepate	Added.
•								s. Quaterna	<u> </u>
		gm	<u>wowi</u>	us-	<u>ed. K</u>	ap Ca	ncent	tretion_	\
		100	7-300	ppr	n. Ad	ig, 29h	15trai	、	
11-202-11	C							antect items	
		Lun	ad ta	col	ined of	ten H	org c	vent buildup	
		> (4)	in Suc	$\sqrt{}$	-6 40 Ct			un food.	
		(le	50 CD	n o'y	sener.	<u></u>		00	
7-201.11	C	10 - '	0 40 2	t 041	ion che	mial	alian	ers found	clemicals
Repent		abo	ue Di	22 R	Sance	en st	Days 1	ach outside	morea to
,		MI	<u> 114. 5</u>	Che	micals	taum	be st	wied below	Chemial
		and	owo le	$\sim k$	in fam	<u>~0 Que</u>	<u> </u>	47 tood	Strage
		avoc	<u> 25 . W</u>	Jogo C	thome &	dis to	· pw	pel storay.	
3-201-184		ppe	red D	otato	<u>szalad</u>	maci	<u>anoni</u>	thu shels	1 disconded
3-701.11	C	disc	and d'	sto)	(Cel 7	w ár	10		All foods
		2) W	nopere	d 7	sasta s	<u>Deles</u>	tubs	USBD How) expud
WATER	SEV	VAGE	MANAGER CE	RTIFIED	LICENSE POSTED	ANTI-CH TECHNIQUE		Critical violations cited:	: X Yes □ No
MUNICIPAL X	MUNICI		YES ,		YES	YES	.3 FO31ED	All critical violations co	rrected: Yes
VSSN#	ON-SITE	1	ISSUED		NO X	NO		Critical violations not co	orrected this date:
SANITARIAN NAI	<u> </u> МЕ			83	QEATING 040	ACITY 276/	Υ	. \(\)	
BALLARD	_	H	O# ~	i i i i i i i i i i i i i i i i i i i	SEATING CAPA NON-SMOKING AREA	10111	NO 🗆	9	
NSTECTED BY								arked above are violations of the M	Michigan Food Law of 2000
RECEIVED BY (Person i	n Charge	2)			P.A. 92 of 200	Violations cited	in this report	shall be corrected within the time f s for critical items (§8-405.11) or 9	frames specified above, bu
V 40 A	. I	aran and a second	Luciale Lucial Color		(§8-406.11). Fa	ailure to comply wi	ith this notice n	nay result in license suspension and	d/or other legal action.
The signature does not imply ag	reement or	asagreemen	with any violation f	utea.					

INSPECTION REPORT SUPPLEMENT

NAME OF ESTA	BLISHMENT/F	ACILITY	STATE I.D.NUMBER	
Chu	ck E	E. Cheeses	02415b	
ADDRESS		Aubum Rochester Hills		
ITEM/RULE NO.	CRITICAL			CORRECT BY
		of 9/25, 9/26 found in WIC.	114	fool
		food marked with a disco	2 date	discarde
		by the food establishment o		in trash
		food distributor shall be ren		
		from facility when Required.	40	
111111111111111111111111111111111111111		prevent unsafe consumption.		
		frods.		
7-107-11	<u>C</u>	untabelled chamin spray b	offle	10-11-04
Rysent		Found in channeal storage. A	11 Chemicals	
		when removed from their origenia	Q	
		container must be tabelled as	1	<u> </u>
	,	name to prevent misuse. Labor	el bottle.	<i>)</i> .
		no test strips to measure so		
Repent		A chamical test kit must be	provided	
	-	to measure sanitize + keep a	i	
		levels. Obbin test Lit.		
6.202-15	NC	door to men's restroom not s	el-	10-11-04
Repeat		closing. All restrooms opening		
		God establishment must be	self-closu	(
RECEIVED BY (PEI	RSON IN CHA	RGE) INSPECTED BY DATE	101/04	<u> </u>
HS 1-41 (10/00)	***************************************	PAGE 2 OF 4	1 1 - 1 -	

ENS 1-41 (10/00)

NAME OF ESTA	BLISHMENT/	ACILITY	STATE I.D.NUMBER	
Chu	ik E	E. Cheeses	024156	
ADDRESS				
201		Auburn Rochesten Hills		
ITEM/RULE NO.	CRITICAL			CORRECT BY
				CONTRECT BY
		obtain self closing device for	bathroom	
		doors.		
L-301.11	MC_	ino sump in womens employee	restrour	10-11-01
6-301.12		2) no paper tours in womens em		
		All restrooms must be exuppi	م ا	
		with soap and paper timels	10	
		ensure handrashing by eng	olyces.	
11.105-2	NC	3) no stap dispenser at hardi	inen	10-11-04
		sint in disharea. All handsin	1ks	
		must be excepted with soap	f 07	
		boulunchij. Add sonp & po	per	
		touels.	-	
4-204.112	NC	no themometers found in pur	o coolers	10-11-04
		All nechanically refrigerated un		
		mot be equipped with a leng	renatur	
		measury device to measure a	mbreve	
		temp. Add thermometers.		
3-501.17	C	Sliced delineats in Front pr	up	meats
		cooler with no discord date.	All	discondid
RECEIVED BY (PE	RSON IN CH	ARGE) INSPECTED BY, DATE		
J Ein	Glust	S. Holler 10	0/1/04	
H\$ 1-41 (10/00)		PAGE 3 OF 4	1 '	

NAME OF ESTA			STATE I.D.NUMBER	· · · · · · · · · · · · · · · · · · ·
Church	E (heises	590738	
ADDRESS			2 10120	
201 E	= Aub	urn Rochesta Hills, MI		
ITEM/RULE NO.	CRITICAL			CORRECT BY
		ready to eat books held over 2	ed homes	MATERIAL STATE OF THE STATE OF
		must be labelled with a Tday o		
		date to prevent misuse. Lake		
		r		
Notes:		Gloves used, All coolers below	6 41°F.	
			n : 0	
*	***************************************	Follow up inspection to be co	nducted	***************************************
		due to # 2 critical viola	trus	
4-501.11	NC	heavy ice buildup in battons) >	1-1-05
	170	door peger. All exupment to	o be	
		maintained in good repair. I		
		+ supeir freeze.	0	
		, 0	nada marana	
RECEIVED BY (PE	RSON IN CH	ARGE) INSPECTED BY DATE	10/1/04	
EHS 1-41 (10/00)	<u> </u>	PAGE 4 OF 4		



CONSUMER ADVISORY STATUS VERIFICATION

				 	J
NAME	OF ESTABLISHMENT Chuck E. Chees	CLIEN	T#07	24156	_
ADDRI	ess 201 E. Auburn	CVT	20	02	<u></u>
DOES	FACILITY OFFER RAW OR UNDERCOOKED ANIMA	L-BASED FOODS?	YES	NO	
IF YES	S, BOTH A DISCLOSURE AND A REMINDER ARE REC	QUIRED		- 	
DISCL	OSURE VERIFICATION (one of these options must be ut	ilized-check which option	has been	chosen):	
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Each item can include the disclosure, that the food item is, or Place an asterisk next to the food item requiring disclosure, of the menu item appears. The footnote must indicate that aster contain raw or undercooked ingredients; or may be requested food items that require disclosure:	lirecting the reader to a foot risked items are served raw (note <u>on th</u> or underce	ne bottom of the pa ooked; contain or	
Do all tl	he above listed items have the required disclosure?		YES	NO	James
REMIN	NDER VERIFICATION (one of these options must be utili	zed-check which option ha	s been ch	nosen):	
	Footnote option (check verbiage used): Place an asterisk at footnote on the bottom of each page that states: ☐ Regarding the safety of these items, written information Administration's model consumer advisory brochure in Consuming raw or undercooked meats, poultry, seafor (Foods that are not offered may be omitted from verbing Consuming raw or undercooked meats, poultry, seafor especially if you have a medical condition (Foods that	on is available upon request. is preferred written information, shellfish, or eggs may in age) od, shellfish, or eggs may in	(*United tion.) crease you	States Food and ur risk of foodbor	Drug ne illness.
	"Notice" option (check verbiage used): You must place a "first item requiring disclosure appears. □ Notice: Consuming raw or undercooked meats, poultr foodborne illness. (Foods that are not offered may be □ Notice: Consuming raw or undercooked meats, poultr foodborne illness, especially if you have a medical converbiage)	y, seafood, shellfish, or eggs omitted from verbiage) y, seafood, shellfish, or eggs	may inci	rease your risk of	
	Placard option: See MDA Questions and Answers on Constant Brochure option (check brochure that is used): ☐ United States Food and Drug Administration Model Conference Brochure for Interstate Shellfish Sanitation Conference Brochure for Interstate Shellfish Sanitation Conference Brochure	Consumer Advisory Brochur	e	,	
Any syb. to have U Sanitaria	sequent reprinting of menus must comply with both aspects of Environmental Health staff review menus prior to printing to the staff review menus prior to prior to printing to the staff review menus prior to the staff review me	the Consumer Advisory req avoid any unnecessary repr	uirement. inting cos	Facilities are en	couraged Ĵ

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/Consumer Advisory Status/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 Chuck E Che	eses <u>CLIENT</u> # 024156
ADDRESS 201 E. Aubum	CVT 262
ESTABLISHMENT TELEPHONE NUMBER	CERTIFIED MANAGER ON SITE. YES NO
CERTIFIED MANAGER'S NAME DAVID Brow	
I.D/CERTIFICATE NUMBER 1309797	DATE 4/10/99
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
sanitation as they apply to the individual employee's we the following: ☐ Must be a full-time employee at this facility. ☐ Must be able to make decisions regarding work pra ☐ Must develop a formal education program and train ☐ Time/Temperature Abuse 2. Personal Hygien ☐ Must monitor employees to ensure safe food handling operating procedures. ☐ Implement food safety practices in this facility. Extime/temperature logs and/or quality assurance check time/temperature logs and/or quality assurance check time frames for corrections. Monitor facility for violating model proper food safety behaviors acting as a role	a employees on the three main causes of foodborne illness: ne 3. Cross Contamination ng procedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules, cklists. ons are corrected. Review findings with area sanitarian and discuss colation trends. model at this facility. cility, Oakland County Health Division must be notified and a new
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.

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FOOD			INSPECTION RE	
OAKLAND	SERVICE ES COUNTY HEALTH DI TELEGRAPH RD MI 48341-0			
1200"N PONT-N	TELECHEALTHE	TABLISHME		
CLASSIC LANES ROCK AVON	TELEGRAPH RO MI 48341-0	VISION	INSPECT	
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LORI BOLTON/3087079	MI 48309	,	/ CONTOLLOW	VU- 14004
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	09-10	ESTABLISHMENT PHO	OPENING INSE	ECTION
TTEMRULE NO. CRITICAL	7-04A00.	852-9100	INSPECTION DATE	ES DAO
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tous	tost be	REMARK	_ I RED co OF DATE -	20/06
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3-303.11	the held	C. Peron	whent he	e Corre
		ened, I	From 500	P 15.000
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The unnulus		11200		
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6-301.13 N The thousests	-/	Cheese su	resels must	1
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with religions of the spansen in	/			1 dustray
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	Park	2. 16	6400 D	
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Handugshier Co	2000	Wall and	Relland	F. May
1000 1000	cilities or		Pap	J.
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SEWAGE MUST	The same	10/cm	Sinc 9-1	
THE WANAGE	K. I	- Cur	restran	
	Red Seer			
ON-SITE O ISSUED OF THE POSTED				
NAME ISSUED 062602 YES KI	1	IG Critical	Z C	_]
ID# 218	/ NO []		ns cited 7	. 7
SEATING				
Pin Charge) NON-SMOKING AREA	CITY 98	All critical violations	ons corrected Yes not corrected this date:	
			not corrected this	
Greement or disagreement with	ection this de		CIX date:	

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY	STATE I.D.NUMBER
Classic lanes	24052
2145 Aug Industrial	

ITEM/RULE NO.	CRITICAL		CORRECT BY
6-561.12	N	unter. Eg: At the flown in front c=	9-14-64
		the full neach-in welen there is	
	***************************************	writer Map up without to prevent slipping	
	V9017000A-550-1		
4-501,116	N	The state of the s	16-14-6
		condition to senitor somition concentry	i D.
		Es: The Guits test papers have been	
<u> </u>		subject to must use Phowide new test	
		Mr. p.e.s	
5-501, pc	· //	Octsicle netire containers must be	9-14-64
		Kat closed to prevent attraction	
		of insects untle verying. Egt The greuss	?
		container is incovered Close the lid	
	1		

RECEIVED BY (PERSON IN CHARGE)	INSPECTED BY DATE	-
for hoto	Post Harulaha 9-14-04	
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EHS 1-41 (10/00)



CONSUMER ADVISORY STATUS VERIFICATION

DEPART	TMENT OF HUMAN SERVICES			
NAME	E OF ESTABLISHMENT	Classic Lanes	CLIENT #	041235
ADDR	ESS 7145	Classic Lanes Auch Fadustain	CVT	767
DOES	FACILITY OFFER RAW	OR UNDERCOOKED ANIMAL-BA	SED FOODS?	s) NO
IF YE	S, BOTH A DISCLOSURE .	AND A REMINDER ARE REQUIR	ED	
DISCI	OSURE VERIFICATION	one of these options must be utilized	-check which option has t	oeen chosen):
List all	Place an asterisk next to the the menu item appears. The contain raw or undercooked	food item requiring disclosure, directive footnote must indicate that asterisked ingredients; or may be requested under sure:	ng the reader to a footnote of items are served raw or uncooked; or can be cooked	on the bottom of the page where dercooked; contain or may
Do all	the above listed items have the	e required disclosure?	YE	s No
REMI	NDER VERIFICATION (on	e of these options must be utilized-c	heck which option has bee	en chosen):
	footnote on the bottom of ear Regarding the safety Administration's mode Consuming raw or un (Foods that are not of) Consuming raw or un especially if you have	of these items, written information is a del consumer advisory brochure is prefudercooked meats, poultry, seafood, sheffered may be omitted from verbiage) adercooked meats, poultry, seafood, she a medical condition (Foods that are not be a	vailable upon request. (*Un ferred written information.) ellfish, or eggs may increas ellfish, or eggs may increas not offered may be omitted f	nited States Food and Drug e your risk of foodborne illness. e your risk of foodborne illness, from verbiage).
	First item requiring disclosur ☐ Notice: Consuming rate foodborne illness. (For Notice: Consuming rate)	biage used): You must place a "Notice appears. aw or undercooked meats, poultry, sear coods that are not offered may be omitted aw or undercooked meats, poultry, sear pecially if you have a medical condition	food, shellfish, or eggs may ed from verbiage) food, shellfish, or eggs may	increase your risk of
	Brochure option (check br ☐ United States Food ar	Questions and Answers on Consumer a ochure that is used): and Drug Administration Model Consumentation Conference Brochure for Raw	ner Advisory Brochure	
Any sul to have	bsequent reprinting of menus n Environmental Health staff re	nust comply with both aspects of the C eview menus prior to printing to ayoid	onsumer Advisory requiren any unnecessary reprinting	nent. Facilities are encouraged g costs.
16	MA Harelelle	A For 12th		9-14-04
Sanitari	ian	Person-in-Charge		Date
The Oak	dand County Health Division will n	ot deny nadicination in its programs based a	on race sev religion national.	origin ago or disability. State and

FoodForm/ConsumerAdvisoryStatus/2004/32

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federal eligibility requirements apply for certain programs.

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FOOD SERVICE MANAGER CERTIFICATION AND RESPONSIBILITIES COLLECTION FORM

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NAME OF ESTABLISHMENT CLASSIC	Lanes CLIENT # 641735				
ADDRESS 2145 Run Inc	Ustriul CVT 762				
ESTABLISHMENT TELEPHONE NUMBER 776-8					
CERTIFIED MANAGER'S NAME (CA: Be	1/En course TITLE Seau Safe				
I.D/CERTIFICATE NUMBER 30870	79 DATE 6-76-CZ				
CERTIFIED MANAGER'S NAME	COURSE TITLE				
I.D/CERTIFICATE NUMBER	DATE				
sanitation as they apply to the individual employee's we the following: ☐ Must be a full-time employee at this facility. ☐ Must be able to make decisions regarding work praction and the following: ☐ Must develop a formal education program and train 1. Time/Temperature Abuse 2. Personal Hygier ☐ Must monitor employees to ensure safe food handling operating procedures. ☐ Implement food safety practices in this facility. Exactime/temperature logs and/or quality assurance checkens.	employees on the three main causes of foodborne illness: a. Cross Contamination ag procedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules,				
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 of Owner/Manager & Date	Certified Manager & Date MCR Position of Certified Manager				
ordinaria or o minorial and or	r comon or continue manager				

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 PONTIAC MI 48341-0432

federal eligibility requirements apply for certain programs.

PONTIAC MI 48341-0432 (248) 858-1280 27725 GREENFIELD RD SOUTHFIELD MI 48076-3625 (248) 424-7000

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

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

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT OAKLAND COUNTY HEALTH DIVISION ROUTINE INSPECTION CLIENT NO. ☐ FOLLOW-UP PONTIAC, MI 48341-0432 STATE LD. 039527 ☐ ENF. FOLLOW-UP □ COMPLAINT COSI ☐ INVESTIGATION 84 N. ADAMS □ OPENING INSPECTION 48064 CVO ROCHESTER 262 NEW OWNER ☐ YES ☐ NO INSPECTION DATE 12-7-04 A.M. (P.M. JUNETE CONCHIENS 618 36 10 4 1/0 MANAGER/OWNER **ESTABLISHMENT PHONE** 248-763-2685 RUN DATE FOLLOW-UP DATE RED. FREQ. YES NO ເ≾ັ CRITICAL ITEM/RULE NO. REMARKS **CORRECT BY:** Toxic MAterials not Newi cals 8 51911 co 100 anda DOCO 4-602.11 1 shope has <u>orrald</u> WATER MANAGER CERTIFIED LICENSE ANTI-CHOKING Critical violations cited: Yes □ No SEWAGE X POSTED **TECHNIQUES POSTED MUNICIPAL** X YES All critical violations corrected: Yes N-SITE MUNICIPAL X \mathbf{X} X NO YES YES ISSUED_ 111903 ON-SITE NO Critical violations not corrected this date: AMPLE COLLECTED 🔲 5-202,13 SANITARIAN NAME 341 ID# SEATING CAPACITY 5-462,11 NON-SMOKING ESTELL/WESTBROO AREA YES NO ... NSPECTED BY 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 RECEIVED BY (Person in Charge) 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 souther tides not imply agreement or disagreement with any violation noted

NAME OF ESTABLISHMENT/FACILITY STATE I.D.NUMBER 395			<u> </u>
		Adms Dochester W 48	•
ITEM/RULE NO.	CRITICAL		CORRECT BY
		hazardous & held lunger than	Corrected
		24 hours shall be date marked	works
		at not held more than I days of including prepare date. Date	Chicken
	To Hilliam to Hilliam to Hilliam to Handri and the second suggestion of	after prepare date. Dase	
	and the state of t	mark the chicken accordingly	,
3-302.11	C	EmployEE toods (Voget / Four Shell)	
	\overline{C}	EMPLOYEE TOODS (DAMANUS) Egg)	Corrected
2-401.11		stored@topshelfofwalk-in cooler. To prevent coss-	redown vtchs,
The state of the s	The state of the s	Contamination by the raw shell	walking Cooler
and the state of t		egg & other contamuston, stor	1
A Company of the Comp	to the Spinish and the large of the particular property and the particular property an	employee to ds below & Away	
The state of the s		from food food related items	
		in walk-is cooler	
-0.0.7			
20713		Spray aim @ 3-compaitnent	12-17-04
540211	C	SINK not air gapped,	
		by wall-in carpe with the accomp	1,7-14-0
RECEIVED BY (PE	RSON IN CHI	RGE) INSPECTED BY DATE	3. 1.
J////	44	1 x 1 km dea /80 12/2/	04
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	NAME OF ESTABLISHMENT/FACILITY STATE I.D.NUMBER			
				25+
ADDRESS	1 72.	Adams Rochester W	1 480	43
ITEM/RULE NO.	CRITICAL		Control on the Control of the Contro	CORRECT BY
		All spray arms must be	11 air	12-170
		gapped from flood rin of	ena menanina ina pada terri penanya ina pada pada penanya ina pada penanya pen	and and extremely the same than the party of the constraint extends the con-
		compartness sink. Drain	n Elos	which is the first property of the state of
		of prep. suks & ice was		and the production of the second section of the section of th
		must be air gapped 1"	Call B	and the continues of the section of
	gerthalin biologic Bloom, and a strong broad and consequence and a strong a strong and a strong a strong and	between dean ape & de	May	
		Flood run as to preven	+ back-	
North the late to the contract of the contract		Now contamination. Fi		
		accordingly, Verity air	365 FC	
		All ice bins And dippercell.	Control of the second s	
4-202,11	\mathcal{C}	Marble coupled by ou	27	
		cracked. All food coi		
		surfaces shall be sh	NEOD	
		& easily cleanable as	40	
		prevent containation	سط	
		-blud Ditrag boot		The second secon
		Replace marble con	`	. X
general and a service and a se		Seal whool grade Caulk	_	
		temporary repair	terrentityriinen it tillen jorialiseer rennentityriinen muun rennentityriinen siiriin siiriin siiriin siiriin	\

RECEIVED BY (PERSON IN CHARGE)	INSPECTED BY DATE	
MINAMA	I. Rhodes \$ 12/8/04	
	7 0	
EHS 1-41 (10/90)	PAGE OF O	

INSPECTION REPORT SUPPLEMENT

NAME OF ESTA	LISHMENT/F	ACILITY	STATE I.D.NUMBER		
ADDRESS	~ `		3952	7	
ADDRESS				```	
534.	2 t	Hames Rechester MI	7306	<u> </u>	
ITEM/RULE NO.	CRITICAL		The same of the same state of	COL	RECT BY
		ANDhadsink	-@bakery	ري	MEGI BI
6-301.12	NC	No papertowel @ handsuk	03	0	ケイー
		Cumpactment sukacca, P			1
		sink shall have paper tow	elto		
		facilitate proper hand wash			
		Refill dispenser.			Specifical states and a valid to a series where the
			and the second		
6-501,14	NC	French west at an filters	114		N-тайт-Ант-антакартор запушатар уда
		vents shall be deared a	$+\alpha$		
		frequency as to prevent d			
		dust contamination at fac	bad bad		والموافقة والمرافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة
		related sufaces, Clear			
		vents.			
3-304.14	NC	Wigney clothes @ woman	(ton/ow)		
		CHCENTRATION. All que	LEMAST		
		sanifizing wipes shall			
		200 ppn as to prevent			
		microbial build-up or	1 food		M
		Contact surfaces, conce	interior		V

INSPECTED BY

RECEIVED BY (BERSON IN CHARGE)

EHS 1-41 (10/00)

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY STATE I.D.NUMBER				
(,3<	`\		3953	7
ADDRESS	<u> </u>			· · · · · · · · · · · · · · · · · · ·
18-1 N	469	us Robester MI 4º	4064	
ITEM/RULE NO.	CRITICAL			CORRECT BY
		of spiritizing wices muchos w/ test strips	equesty	
		w/test strips	. }	
3-312,12	- NC	Condingents not labeled. All c	sedina 175	12-17
		shall be labeled up a common;	-	
	tomore de la Companya	Label condinents, (Vingar)	
6-262,13	NC	Bug Zapper above food / Food.	related	
		itus. Bug zapper shall no located above tood (liqu	it be	
	,	located above two Clique	as page)	
		food related items. Mos bug zapper to a new loca		
		away from food items.		
1 5 \ (In		t (Crorses)	<u>, , , , , , , , , , , , , , , , , , , </u>	
6-501,110	NC	Employer persone litus nots designated AREA. All employer i		
		be stred below & away food)	bad	
			anjaninat	1012,
RECEIVED BY (PE	RSON IN A	ARGEL INSPECTED BY I DATE		
	1//	M Z Q Jodan D	12/8/0	μ,
EHS 1-41 (10/00)	•	PAGE		

INSPECTION REPORT SUPPLEMENT

NAME OF ESTA	NAME OF ESTABLISHMENT/FACILITY STATE I.D.NUMBER			_	
C05	تح ر		3952	7	
ADDRESS					
94	4.	M sofeshow Rusha	1 4801	+	
ITEM/RULE NO.	CRITICAL			CORRECT B	Y
4-502.13	NC	Open can of day oriental models	es tound	12-17	L
		W modles still in original			
		Place noodles in a foodgra	<u>de</u>		
		container to prevent possib			
		Contamidation.			
			. :		
5-205.11	NC	Handsinks blocked at 3 compo	tisutre		
		SINK area & baking area.			
		hand stuk clear of debics	· · · · · · · · · · · · · · · · · · ·		
		facilitate proper hand washi			
		Remove obstructions.	7		
-					
4-903.R	NC	Food related Hous (gloves)	Fored		
		under dipping well sewer	INP		
		Food food related it us	, i		
		be stored under sewer lin	L i		
		prevent autumnation for			
		pipes splashing. Store		3	
		in a different for atom			

DATE

INSPECTED BY

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RECEIVED BY (PERSON IN CHARGE)

EHS 1-41 (10/00)

INSPECTION REPORT SUPPLEMENT

NAME OF ESTAB	LISHMENT/F	ACILITY	STATE I.D.NUMBER	
'من	· ` `		395	
ADDRESS				
84	W.	Adous Rocheste M	1 4801	L
ITEM/RULE NO.	CDITION			
HEM/RULE NO.	GRITICAL	Tea dispersus exposal a front	hardink	CORRECT BY
3-305/11	NC	Flour stored by handsin	jk by	12-17
REPEAT)		over. To proved contam		
		by splashing, provide a		
		shieldse hardsinks		
4-501,12	NC	Cutting boards soiled.	Cuthing	12-17
(LOPENT)		boards shall be cleanate		
		Resurtance or replace		
		cutting boolds.	Papellanda Papel ann an tha ann a	
3-304.12	NC	Tougs in a container of	standing	12-17
		Tougs in a container of Hole (90°F). To prevent	. J	
		bacterial contamination		
		utursils in a clean, pro		
The state of the s		location between use.		
		in runing water, in water above		
		helaw 41°F of in clean, de		
		in a in ac in cray jar	7 CONFINE	
RECEIVED BY JE	RSON IN CH	ARGE) INSPECTED BY , DATE		
	1.00		- 1 1 .	

EHS 1-41 (10/00)

INSPECTION REPORT SUPPLEMENT

NAME OF ESTAB	BLISHMENT/F	ACILITY	STATE I.D.NUMBER	
Caè			3952	7
ADDRESS	<u>. </u>			
22	4.0	I dans Rochester HI 1	780PH	
Paring dalam d	To graduate the second			
ITEM/RULE NO.	CRITICAL			CORRECT BY
1.A00000255. 1 1			hand his and the second selection of the second select	
4-602.11		Microwave top surface	Market and the second of the s	12-17-
		Soiled To prevent contamin	unton	
		from food particle(5) build		
70		clear microwave (All SUE		
a		at a frequency as to preven	•	
		buld-up. Clean microwar		

7-201.11	C	Wiping towe later to by	ethic	Corrected
		board food related) Tox		on on
		noterials must be stre		from Culbing
		& away from food / food		boords.
		related items.	The state of the s	
4202.16	NC	Winny towel under out	Uric	12-17
		board. All was food co	wtact	
		surfaces shall be month	· 1000-	
		absorbest, easily elegan	ble.	
		lavide upper mets		
dreectes	1014	TIONS A! No Clean items on	Hefb	UR.
RECEIVED BY (PE	RSON IN CH	ARGE) INSPECTED BY DATE]
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EHS 1-41 (10/00)		PAGE OF		and the way of the property of the party of



CONSUMER ADVISORY STATUS VERIFICATION

NAME	OF E	STABLISHM	ENT	Cosi		_CLIENT #	4	1292	
ADDRI	ESS	84	N	EMABA.	***	_CVT	2	<u></u>	
				OR UNDERCOOKED	ANIMAL-BASED FOODS	S? Y	ES	NO	
DISCL	OSUF	RE VERIFIC	ATION	(one of these options mu	ıst be utilized-check which	option has	been c	hosen):	
□ □	Place the n	e an asterisk n nenu item app	ext to the ears. The ercooked	e food item requiring disc e footnote must indicate t I ingredients; or may be r	em is, or contains, a raw or to losure, directing the reader that asterisked items are servequested undercooked; or ca	to a footnote /ed raw or u	on the	bottom of the page wher oked; contain or may	e
Do all th	he abo	ve listed item:	s have the	e required disclosure?		Y	ES	NO	
REMIN	DER	VERIFICAT	ION (or	ne of these options must	be utilized-check which op	otion has be	en cho	sen):	
	Foots foots	Regarding the Administratic Consuming to (Foods that a Consuming to Consumina to Consuming to Consumina to Co	tom of ea ne safety ion's mod raw or ur are not o raw or ur	ach page that states: of these items, written in del consumer advisory bra dercooked meats, poultr ffered may be omitted fro dercooked meats, poultr	terisk alongside items requi- formation is available upon ochure is preferred written it y, seafood, shellfish, or eggs m verbiage) y, seafood, shellfish, or eggs ods that are not offered may	request. (*7 information. s may increa	<i>Inited S</i> se your se your	States Food and Drug risk of foodborne illness	
	"Noti first i □	tem requiring Notice: Cons foodborne il Notice: Cons	disclosur suming ra lness. (Fa suming ra	re appears. The aw or undercooked meats	place a "Notice" on the first , poultry, seafood, shellfish, may be omitted from verbias , poultry, seafood, shellfish, lical condition. (Foods that	, or eggs ma <i>ge)</i> , or eggs ma	y increa	ase your risk of	
_ _		hure option (o United States	check bros Food ar	ochure that is used): ad Drug Administration N	n Consumer Advisory Broc Model Consumer Advisory I Chure for Raw Oysters and C	Brochure		•	
to have I	Saviro	nt reprinting of	menus neth staff re	eview menus prior to prin	pects of the Consumer Advis ting to avoid any unnecessa	sory require iry reprintin	ment. I	Facilities are encouraged	ł
Sanitaria	n `			Person-in-Charge			Γ	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

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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 COS	CLIENT # 41292
ADDRESS 84 W. PLAM	S CVT 262
ESTABLISHMENT TELEPHONE NUMBER 248 7	65718 CERTIFIED MANAGER ON SITE (YES) NO
CERTIFIED MANAGER'S NAME JOSEL	Cachie COURSE TITLE Servesaf
I.D/CERTIFICATE NUMBER 261981	01 DATE 4/24/01
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
sanitation as they apply to the individual employee's we the following: Must be a full-time employee at this facility. Must be able to make decisions regarding work practices and the following: Must develop a formal education program and train 1. Time/Temperature Abuse 2. Personal Hygier Must monitor employees to ensure safe food handling operating procedures. Implement food safety practices in this facility. Exact time/temperature logs and/or quality assurance check Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation Model proper food safety behaviors acting as a role	employees on the three main causes of foodborne illness: a. Cross Contamination approcedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules, klists. as are corrected. Review findings with area sanitarian and discussolation trends. model at this facility. cility, Oakland County Health Division must be notified and a new
Signature of Owner/Manager & Date	Position of Certified Manager

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federal eligibility requirements apply for certain programs.

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

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FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

	QA 1	KLAND COUNTY HEAL 200 N TELEGRAPI	TH DIVISION FD		ROUTINE INSPECTION	CLIENT NO. 00 444993
	P(ONTIAC, MI 4834	41-0432	/\//\	☐ FOLLOW-UP☐ ENF. FOLLOW-UP	STATE I.D.
EAST SI	DE MA	ARIOS		, / \\	☐ COMPLAINT ☐ INVESTIGATION	024129
22 7 3 C				\circ	☐ OPENING INSPECTION	
ROCHEST	ER HI	ILLS MI	48309	CVT# 252	NEW OWNER TYPES THE	0 -77-04 A.M.(P.)
VIANAGER/OWNER	,			LISHMENT PHONE	1	_
TERRI A	HLGRE	EN/2422570	248-	853-9622	NSDI 7-23	
					RUN DATE 07/05 FOLLOW-UP DATE	104. 19 8:30:10
		08-27-04A <u>09:</u>	18 RCVD			1010
ITEM/RULE NO.	CRITICAL			REMARKS		CORRECT BY:
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					in Resch-in	and dina
		coeler sho	/		<i>P</i> .	1 ct.
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7 526 (11		0111	1 0	a		
3-501.14	C		/	<i>11</i>	t he preperly	Consecte
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		hetwen to	blee level	/ / //	or ele sa varive	2/2
		rock.	Was I wan		som symmet	TOP .
		resert.	·····			
4-603.12	N	Utensils Mu	//-	- 00-/	ko delil	
, 007.70	10	<u> </u>	0 101		Heel Flushed	Caredal
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		To wish si	uter			iteer to
						exun
6-501.11	N	Equipment 1	Pacifiles	just he	in sweet	11-23-44
		condition.	6:0 The	picca sta	tun handrink	
WATER		MANAGER CERTIF	1	ANTI-CHOKING	Critical violations cited	f: ✓ Yes □ No
UNICIPAL X	MUNICI	VAGE YES KI	POSTED	TECHNIQUES POSTE	All critical violations co	
SSN#	ON-SITE		YES & 87 NO □	YES L		·
MPLE COLLECTED					Critical violations not c	corrected this date:
SANITARIAN NAI	ME	ID# 298	SEATING CAPA	CITY 1/1		
JOHN-BRADDO	OCK	•	NON-SMOKING AREA	YES 🖔 NO 🗌	NIX	
ISPECTED BY	<u> </u>	11/1 05	Based on an ir		is marked above are violations of the N	Michigan Food Law of 2000.
ECEIVED BY (Person i	in Charge		P.A. 92 of 2000	 Violations cited in this re 	port shall be corrected within the time days for critical items (§8-405.11) or !	frames specified above, but
A TOPISUIT	Onaiye	r]	(§8-406.11). Fa	ilure to comply with this not	tice may result in license suspension ar	nd/or other legal action.

You have the right to appeal any violations listed.

INSPECTION REPORT SUPPLEMENT

		INSPECTION REPORT SUPPLEMENT		
NAME OF ESTAB	LISHMENT/F	ACILITY	STATE I.D.NUMBER	
	li di	East Sich Maries	24129	
ADDRESS		2273 Crueks		
				1
ITEM/RULE NO. しっぷしい//	CRITICAL	and the jundered sink me	have sups	CORRECT BY
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		be in seed repnin. Es Cored	<i>n</i> 1	
		entricle office is dirigil/	,)
		circl tile is needed,		
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		Provide talet pour for the	dispersas	
4-903.11	N	Ctens. 15 rust be preperly 1	tored. 15!	8-23-64
		The ree crown scorp is on	tes of the	
		nerch in ice cour Proceed.	thre appar	-
		arll.		
4-602.13	1	Man- Coes contact sunface	_	i i
		be Kept clean. Es! The project		
		ath pieces dough has in	scarulate	u

			_
RECENTED BY (PERSON IN CHARGE)	INSPECTED BY	DATE	
1 d	Helt Warshill	E-23-C1	
	7 7		

EHS 1-41 (10/00)

PAGE OF ____

INSPECTION REPORT SUPPLEMENT

NAME OF ESTAB	LISHMENT/F	ACILITY	STATE I.D.NUMBER	····
	Æ	nst Side Maries	24129	
ADDRESS				
		2773 Crocks		
ITEM/RULE NO.	CRITICAL			CORRECT BY
6-6-07-1	1	of water on the better		8-83-0
4-602.13		interior PIC has inclicate	I that the	
		und his want through a det	ned que	
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		wilk-in will countered		

			gegent to the second se	
		1		
RECEIVED BY (P	ERSON IN CH	HARGE) INSPECTED BY DATE	E-23-0	-4
EHS 1-41 (10/00)		PAGE J OF J		



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.

the facility's food service ficense.	
NAME OF ESTABLISHMENT EAST Stalk	2 MARIOS CLIENT # 444993
ADDRESS 2273 Crocks	
ESTABLISHMENT TELEPHONE NUMBER 748-8	5-3-9677 CERTIFIED MANAGER ON SITE: YES (NO
CERTIFIED MANAGER'S NAME TEACH AND	COURSE TITLE 179A
I.D/CERTIFICATE NUMBER 24275	70 DATE 8-21- 1CL5-CO
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
 sanitation as they apply to the individual employee's the following: Must be a full-time employee at this facility. Must be able to make decisions regarding work properties. Must develop a formal education program and train 1. Time/Temperature Abuse 2. Personal Hygical Must monitor employees to ensure safe food handle operating procedures. Implement food safety practices in this facility. Extime/temperature logs and/or quality assurance che Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation of the Certified Food Service Manager leaves the facetrified Food Service Manager must be employed. 	n employees on the three main causes of foodborne illness: ene 3. Cross Contamination ling procedures. Periodically review and update facility's standard examples would include cleaning/maintenance schedules, ecklists. ons are corrected. Review findings with area sanitarian and discuss iolation trends. e model at this facility. acility, Oakland County Health Division must be notified and a new
Signature of Owner/Manager & Date	Certified Manager & Date Manager & Date Position of Certified Manager
The Oakland County Health Division will not deny participation in its federal eligibility requirements apply for certain programs.	programs based on race, sex, religion, national origin, age or disability. State and

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SOUTHFIELD MI 48076-3625

1010 E WEST MAPLE RD

(248) 926-3300

WALLED LAKE MI 48390-3588



CONSUMER ADVISORY STATUS VERIFICATION

DEPART	MEN! OF HUMAN SERVICES
NAME	OF ESTABLISHMENT FAST SIGE MANUS CLIENT # 444993
ADDRI	ESS 2773 Crocks CVT 262
DOES	FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? YES NO
IF YES	, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED
DISCL	OSURE VERIFICATION (one of these options must be utilized-check which option has been chosen):
□ ♬ List all	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. food items that require disclosure: **Mambinages** Aud NY Steak**
Do all t	he above listed items have the required disclosure? Steaks need * YES (NO)
REMI	NDER VERIFICATION (one of these options must be utilized-check which option has been chosen):
	Footnote option (check verbiage used): Place an asterisk along ide 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
to have	sequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.
Sanitari	

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 ESTABLISHMENT INSPECTION REPORT

	OAKLANI 1250	COUNTY HEALTH D	IVISION D	1	ROUTINE INSPECTION	CLIENT NO. 01388962
		AC, MI 48341-			FOLLOW-UP	STATE I.D.
EUROPA	BISTRO			, P	☐ COMPLAINT	043565
2076 W	. AUBURN	RD		J .	☐ INVESTIGATION☐ OPENING INSPECTION	
ROCHEST	ER HILLS	MI 483	9	CVT# 262	NEW OWNER ☐ YES ☐ ☐	
MANAGER/OWNER	TO KINT I LIT IN			ISHMENT PHONE	10/11/00	THE ASSUMPTION
PASUAL	PAVIANI/			852-00 77	NSDI 6 14/05 RUN DATE 11/0	5/04 ,
		12	-20-04A10):20 RCVD	FOLLOW-UP DATE 10 1	24 [04 Bok
					RED. FREQ. YES 1	10 KI
ITEM/RULE NO.	CRITICAL	. :		REMARKS	(3-4) -1 4 (CORRECT BY:
3.301.11	C Sc	ucom!	•		colog date of	carectern
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	File	SUMOSSOM	<u>lla mil</u>	ust be do	to () w/ use by	eleo.
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	L K	alestin	homile	y sollect.	Must Clour	
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	(a)	128°F (M	BH CO	0(L/D)	3" or least	ameded
	3X	ellow por	ns inc	volor to	cool food	PULL IA
	GL	Dickley Foo	d mu	at go fr	m >140°F to	Simplification.
	10	704 W/n	2 hour	s, ethen	70°F to40°11	ng hours.
WATER	SEWAGE	MANAGER CERTIFIED	LICENSE POSTED	ANTI-CHOKING TECHNIQUES POST		d: ZVes 🗆 No
AUNICIPAL AN-SITE	MUNICIPAL X	YES 🖾	YES 🗓	YES 🗆	All critical violations of	corrected: 🗌 Yes
VSSN#	ON-SITE	ISSUED	NO 🗆	NO	Critical violations not	corrected this date:
SANITARIAN NAN	<u> </u> МЕ	383	SEATING CAPA	OITV 3	- a/x	
	1	ID#	NON-SMOKING			
BALLARD INSPECTED BY	11	<u></u>	AREA	YES NO NO	···	Michigan Food Low of 2000
DV.KOLAT	z /		P.A. 92 of 2000	. Violations cited in this i	ms marked above are violations of the report shall be corrected within the time of down for edition, items (88,405,11), as	e frames specified above, but
RECEIVED BY (Person i	in Charge)	w			ar days for critical items (§8-405.11) or otice may result in license suspension a	

You have the right to appeal any violations listed.

INSPECTION REPORT SUPPLEMENT

NAME OF ESTAB	SLISHMENT/	FACILITY	STATE I.D.NUMBER	
	Papa	BISLID	388 962) Included the second
ADDRESS	710	w. Aubeurn		
	ι 🐱	U IAMON .		
ITEM/RULE NO.	CRITICAL	Dirdy knik piet back who w		CORRECT BY
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		are must ster leniver inc	elean F	anity
		Ganday namer	A	
4-101-11	WC). Must	2/24/04
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		rago under cutting boards.		
6501-12	NC	Wells havily soilers Walk	-indoor	poper
		wavely social. Must clay		
	······································	aroas of betelen more		
		& more throughly. Must cu	eate	***************************************
		Bandey admosphere in which	h40	
		propare food.		2/24/0
4901-11	NC	Boken handle on hot box; m	est repar	ir)
reapeal	<u> </u>	Violations corrected		
•		no open employer bev.		
		- handsink not Hockard.		
	######################################	-wiping cloths in 100pm t	tach	
		-screendoor closed.		
RECEIVED BY (PE	RSON IN CI	ARGE) INSPECTED BY / DATE		,
	1699	Doesdell 1	2/14/01	
EHS 1-41 (10/00)		PAGEOF	1 (



CONSUMER ADVISORY STATUS VERIFICATION

DEPARTMENT OF HUMAN SERVICES			
NAME OF ESTABLISHMENT <u>ELID</u>	Da Bestro	CLIENT # <u>5</u>	3896J
ADDRESS 2076 W Aubrei	<u>N</u>	CVT DYV O	L258_
DOES FACILITY OFFER RAW OR UNDE	ERCOOKED ANIMAL-BASED FOODS	S? (YES)	NO
IF YES, BOTH A DISCLOSURE AND A R	EMINDER ARE REQUIRED		
DISCLOSURE VERIFICATION (one of the	ese options must be utilized-check which	option has been	chosen):
Place an asterisk next to the food item the menu item appears. The footnote:	that the food item is, or contains, a raw or requiring disclosure, directing the reader must indicate that asterisked items are servits; or may be requested undercooked; or cathering	to a footnote <u>on th</u> red raw or underc	he bottom of the page where cooked: contain or may
Do all the above listed items have the required	disclosure?	YES	(NO)
REMINDER VERIFICATION (one of these	options must be utilized-check which of	otion has been cl	nosen):
footnote on the bottom of each page the Regarding the safety of these ite. Administration's model consum. Consuming raw or undercooked (Foods that are not offered may) Consuming raw or undercooked especially if you have a medical "Notice" option (check verbiage used first item requiring disclosure appears. Notice: Consuming raw or under foodborne illness. (Foods that a Notice: Consuming raw or under foodborne illness, especially if you	ems, written information is available upon the advisory brochure is preferred written in the advisory brochure is preferred written in the advisory brochure is preferred written in the advisory brochure is poultry, seafood, shellfish, or eggs a condition (Foods that are not offered may be a "Notice" on the first	request. (*United information.) s may increase yo when the menuse in the menuse of the	I States Food and Drug ur risk of foodborne illness. ur risk of foodborne illness, verbiage). u or on the page where the rease your risk of
☐ Brochure option (check brochure the United States Food and Drug Ac	Iministration Model Consumer Advisory I onference Brochure for Raw Oysters and (by with both aspects of the Consumer Advisory)	Brochure Clams Sory requirement.	Facilities are encouraged ts.
Sanitarian Per	rson-in-Charge	*F************************************	Date
The Oakland County Health Division will not deny partifederal eligibility requirements apply for certain program	icipation in its programs based on race, sex, reli ns.	gion, national origin	

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PINK = SANITARIAN