#### **INSPECTION REPORT SUPPLEMENT**

STATE I.D.NUMBER

NAME OF ESTABLISHMENT/FACILITY

	The	Solden EAgle	41760	
ADDRESS	14	47 N. Rochesten Rochesten		
ITEM/RULE NO.	CRITICAL			CORRECT BY
V 501.11	NC	Door gaskets on Walk IN door	ace	1/1/05
REPERT		Severly WORN. REplace The dus	R GATRETS	
		To allow door To dose Seen	will about	
		173 frame and Krepunt ingo	Tel Repair	
3-603.11	C	INADEGUATE CONSUMER Adviso	KY NOTED	10/11/09
		ON The MENY. Properly provided A CENSUMEN Advisory TO INFOXO	1 D &	<i>(</i>
		A CENSUMEN Advisory TO INFOX	n PATRONS	
		of Risks IN CONSUMIAN UNDER	CARLED	
		L 15		
		BRUShure 18tT at		
		(BRUShape / EtT at ESTAB/IShMENT	- ]	
	4			
RECEIVED BY (PE	RSON IN CHA	RGE) INSPECTED BY DATE	1, /04	
HS 1-41 (10/00)		PAGEOF		



# CONSUMER ADVISORY STATUS VERIFICATION

NAME	FESTABLISHMENT THE GOLDEN EAGLE CLIENT # 4/760	
ADDRI	s 1447 N. Rochester Rochester CVT 262	
	ACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS?	
IF YES	BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED	
DISCL	SURE 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 when menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or may ontain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order. The start of items that require disclosure:  Office ASAR SHAD STEAKS	ere.
	above listed items have the required disclosure?  YES  NO	
REMIN	ER VERIFICATION (one of these options must be utilized-check which option has been chosen):	
	<ul> <li>Cootnote option (check verbiage used): Place an asterisk alongside items requiring disclosure directing the reader to a control on the bottom of each page that states:</li> <li>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.)</li> <li>Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illn (Foods that are not offered may be omitted from verbiage)</li> <li>Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illn especially if you have a medical condition (Foods that are not offered may be omitted from verbiage).</li> </ul>	
	<ul> <li>Notice" option (check verbiage used): You must place a "Notice" on the first page of the menu or on the page where the requiring disclosure appears.</li> <li>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)</li> <li>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)</li> </ul>	e):
	lacard option: See MDA Questions and Answers on Consumer Advisory Brochure.  Frochure 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 sub.	quent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encourage vironmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.	,
Sanitaria	Person-in-Charge Date	- 7
The Oakl federal el	d County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State an bility requirements apply for certain programs.	j

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

(248) 858-1280

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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

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.

Golden Engle

ADDRESS 14	147 Ni Ruchestre	Kalester /5/18	CVT	62
ESTABLISHMEN	nt telephone number <u>93/</u> –	3283 CERTIFIED	MANAGER ON S	SITE: YES NO
CERTIFIED MAN	NAGER'S NAME Adpinu	Joues cou	RSE TITLE	Senu Safe
I.D/CERTIFICATI	E NUMBER 34/6/53	7	date <u>4/2</u>	23/63
CERTIFIED MAN	AGER'S NAME	COUI	RSE TITLE	
I.D/CERTIFICATE	E NUMBER	r	DATE	
sanitation as they the following:  Must be a full Must be able Must develop 1. Time/Tem Must monitor operating proc Implement for time/temperat Review health time frames for Model proper If the Certified	l-time employee at this facility. to make decisions regarding work pra a formal education program and train perature Abuse 2. Personal Hygier employees to ensure safe food handledures. od safety practices in this facility. Exture logs and/or quality assurance che in inspections to ensure critical violation corrections. Monitor facility for violation food Service Manager leaves the fad Service Manager must be employed	actices and health concerns an employees on the three making procedures. Periodically tamples would include clean cklists.  One are corrected. Review find old to trends.  The model at this facility.  The cility, Oakland County Health are county to the county of the county the county of the count	at this facility.  And this facility.  And causes of food ion  by review and updated in the real section in the real section.  Ith Division must	but are not limited to borne illness: ate facility's standard schedules, sanitarian and discuss
Sanitarian & Date	<u> </u>	Certified Manager & Date		
	- A 111	$\sim$ $\sim$ $\sim$ $\sim$	\	

FoodForm/ArticleIV/DataColandResponsibilities/2004/13

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PONTIAC MI 48341-0432

(248) 858-1280

federal eligibility requirements apply for certain programs.

Signature of Owner/Manager & Date

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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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. 00041034 PROUTINE INSPECTION ☐ FOLLOW-UP PONTIAC, MI 48341-0432 STATE I.D. 024056 ☐ ENF. FOLLOW-UP □ COMPLAINT GOURMET GARDEN □ INVESTIGATION 68 N. ADAMS RD ☐ OPENING INSPECTION ROCHESTER MI 48309 CVT# 262 NEW OWNER ☐ YES ☐ NO INSPECTION DATE 9-15-00 MANAGER/OWNER **ESTABLISHMENT PHONE** AMY WU/3447267 248-375-7000 3-15-05 NSDI\_\_ RUN DATE \_\_\_\_07/05/04 09-17-04A09:43 RCVD FOLLOW-UP DATE 9-29-04 RED, FREQ. YES □ NO 1

ITEM/RULE NO.	CRITICAL				REMARKS		CORRECT BY:
			carrection	s from	the Past 1.	nspection"	
		350	9 114 (21.11	otentiall	y hazerdous	Food was observ	a d
		5+0	med 245°f	' on > 1	4002.		
					icals were f	ound Stored	
		1	the desig	-	•		
		1				was observed	
		Rno	tected				
		330	4.12 Bowl	in no	longer use	l as a food	
		500			•		
	(	650	616 map u	uas 1069	scared hung	to air day	
					<b>\</b>		converte d
330511	<u>c</u>	Ra	w Chicken	was t	ound stoned	next to	9-15-04
REPEAT		Veq	etubles. Po	RIC WA	s found stor	zed below	Food was
		VAU	chideen. S	tone A	-11 vaw anim	al Foods	40 Carlein 872
		lia_	accondence	to Coal	king temper	atures and	away from
		<u>ن</u> يوا	or and aw	Ay Fron	n other foods		
				·			
4501.114	د	t.,	al Ringe q	+ the	dish wash m	Achine did not	9-16-00/
<b>≥</b> ∈ρ∈α+		rea	isten a ch	lowine (	concentration	n. Service	
		the	dishwash	a foi	movide 50f	om - 100 ppm	
		chl	onine in t	tin	.ml Vinse C	yell to ensure	
		ade	guste San	itizatio	n of utensi	l's	
WATER JNICIPAL X	SEW	AGE	MANAGER CERTIFIED YES 🔼	LICENSE POSTED	ANTI-CHOKING TECHNIQUES POSTED	Critical violations cited: [	√yes ☐ No
I-SITE	MUNICIP	AL 🗓	ио 🗆	YES 🗷	YES 🗀	All critical violations corre	ected: 🗌 Yes
SSN# MPLE COLLECTED	ON-SITE		ISSUED 051203	NO 🗌	NO []	Critical violations not cor	rected this date:
SANITARIAN NAM	ЛE	1	L	SEATING CAPA	CITY 145	1 4201111 C	<b>\</b> ,
JOHN-BRADDO	ICK	i	<b>υ</b> π	NON-SMOKING		4602-11	×
SECTED DV S				AREA	YES 🛣 NO 🗌	<u> </u>	

ECEVED BY (Person in Charge)

Ksignature does not imply agreement or disa

Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 200 P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, to within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical item (§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.

NAME OF ESTABLISHMENT/FACILITY	STATE I.D.NUMBER
Covernet gradens	
ADDRESS 68 A. Roams	Rochester
ITEM/RULE NO. CRITICAL	CORRECT BY

ITEM/RULE NO.	CRITICAL		CORRECT BY
6501.4XI	د	fly problem was observed in the	7-16-01
		Kitchen anea, leep doors to the	
		out Side closed to prevent entry	
		of disease Carrying insects and employ	
		the services of a Livensed point control	
		Operator	
	~~~		
44 602.11	4	con opener was observed with a build-	Up. 9-15-OL)
		Clean can opener after use on at a	
		Four interval to prevent food	
		Contamination.	
3302.11	A.L	Several Bullz Food Storage containens	9-16-09
		were obscured unlabeled, label all	
		food Storage Containers to prevent	The state of the s
		missuse	

,`		
RECEIVED BY (PERSON IN CHARGE)	INSPECTED BY	DATE
Chung Ny	Jan P. lava	9-15-01
EHS 1-41 (10/00)	PAGE OF	

#### **INSPECTION REPORT SUPPLEMENT**

NAME OF ESTAI			R
ره ن ده د	nnet	Condens	
ADDRESS	ð n,	ADAMS Rochester	
ITEM/RULE NO.	·		
HEM/RULE NO.	CRITICAL		CORRECT BY
4502.11	n.c	an uncalibrated probe thermometer	9-16-6-1
		was observed in use, collibrate	
		on discand thermometer to ensure	
		adequate temperature readings of	
		Potentially hosendars Krod.	
3305,11	h,c	a lange bag of vice was found Stored	9-15-0-1
		on Floor, Many Kood i'm walle in	
		cooler were found uncovened. Stone	
		All food on shelving and cover all	
		Food in Stonage to Revent Continuation	
630612	h, C	Paper towels were missing from	9-15-0-1
		12: then and bun hand Sink Provide	Porper to
		paper towels to prevent Stapp	
		From Wiging hands on outer clothing	
RECEIVED BY (PE			
7 Mus	1/2 /	Un 1 AWS 9-15-0-1	

PAGE \_\_\_\_\_ OF \_\_\_\_

EHS 1-41 (10/00)

#### INSPECTION REPORT SUPPLEMENT

NAME OF ESTAI			STATE I.D.NUMBER	
ADDRESS	7000 N	net Cardens		
ADDRESS		Rochester		
ITEM/RULE NO.	CRITICAL			CORRECT BY
630114	n,c	Instructional hand wash	Signs	9-16-01
		were missing tran one la		
		hand wash Sinle- Provide emp	*	
		must wash hands signs to	Venind	
		Stark to wash hands		
2364.11	h.C	A food Maparen was observe	d with	9-16-64
	:	a Sleveless Shint. Provide Sh		
		Sleeves to prevent food conta	amination.	
6403.11	h.c	Employee clothing was bound	Stoned	9-16-0)
		with Good in Stone Voon, Ston	e Employee	
		belongings in the designated	1 anea	
		to brevent Contamination.		A de la composição de l
3304.12	h.c	ICE Scoop Landle was Found	Stored in	Corrected 9-15-0-1
		Lon fact with lie, Stud ice sc		unas store
		handle up position to knevent (	ontamination	3.1- 1/
		All Surfaces ARE Cleaned on a Routine Sc 900d Job!!!	hedde Ty	
RECEIVED BY (PE			1-15-04	
HS 1-41 (10/00)	1	PAGE OF		

PAGE \_\_\_\_\_ OF \_\_\_\_



### **CONSUMER ADVISORY STATUS VERIFICATION**

NAME	OF ES	STABLISHMENT_	GOURN	et C	Anden	2	CLIEN	T# <u>41</u>	334	
		68 N. ADA.						262		
DOES I	FACI	LITY OFFER RAV	V OR UNDE	RCOOKE	D ANIMAL-	BASED FOOD	os?	YES	(NO)	
IF YES	5, вот	ГН A DISCLOSUR	E AND A RE	EMINDER	ARE REQU	IRED				
DISCL	OSUF	RE VERIFICATIO	N (one of the	se options	must be utiliz	ed-check whic	h option	has been	chosen):	
□ □ List all t	Place the n	item can include the an asterisk next to the nenu item appears. It is raw or undercook tems that require disc	the food item The footnote r ted ingredient	requiring d nust indica	isclosure, dire te that asterisk	cting the reader ed items are ser	to a foot	note <u>on th</u> or underco	<u>e bottom c</u> ooked; con	of the page where tain or may
Do all tl	he abo	ve listed items have	the required o	lisclosure?				YES	NO	
REMIN	DER	VERIFICATION (	one of these	options m	ust be utilized	-check which o	option ha	s been ch	iosen):	
		note option (check to ote on the bottom of Regarding the safe Administration's management Consuming raw or (Foods that are no Consuming raw or especially if you have	Teach page that ty of these ite todel consume undercooked toffered may undercooked	ms, writter advisory meats, pour be omitted meats, pour meats, pou	n information is brochure is paltry, seafood, from verbiage altry, seafood,	s available upor referred written shellfish, or egg e) shellfish, or egg	n request.  i information  gs may in  gs may in	. (*United tion.) crease you	States Foo ar risk of fo	od and Drug  oodborne illness.
		ice" option (check v tem requiring disclo- Notice: Consuming foodborne illness. ( Notice: Consuming foodborne illness, ( verbiage)	sure appears. g raw or under (Foods that ar g raw or under	rcooked me re not offer rcooked me	eats, poultry, s eed may be om eats, poultry, s	eafood, shellfis itted from verbi eafood, shellfis	h, or eggs <i>age)</i> h, or eggs	s may incr	ease your	risk of risk of
<u> </u>		nrd option: See MD. hure option (check United States Food Interstate Shellfish	<b>brochure tha</b> and Drug Ad	i <mark>t is used):</mark> ministratio	on Model Cons	sumer Advisory	Brochur	e		
o have l	Enviro	nt reprinting of menu Inmental Health staff	<sup>r</sup> review menu	s prior to p	printing to avo	id any unnecess	visory req sary repr	uirement. inting cost	Facilities ts.	are encouraged
<u> </u>	<u> </u>	I) by a	15-	<b>X</b> .	my	Wir		9	-15 - 0. Date	
Sanitaria	in		Per	son-in-Cha	ırgë /	-			Date	
The Oakla	and Co	untv Health Division wii	ll not denv parti	cipation in if.	s programs hase	ed on race, sex, re	eliaion nat	tional origin	ane or disa	ahility. State and

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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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YELLOW = FACILITY

PINK = SANITARIAN



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

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NAME OF ESTABLISHMENT Courmet Gand	lens CLIENT # 41034
ADDRESS 68 N. ADAMS	CVT 26 2
ESTABLISHMENT TELEPHONE NUMBER 248-375-760	○ 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
<ul> <li>□ Must be a full-time employee at this facility.</li> <li>□ Must be able to make decisions regarding work practices and lead to the make decisions regarding work practices and lead to the make decisions regarding work practices and lead to the make decisions regarding work practices and lead to the make develop a formal education program and train employees.</li> <li>□ Must monitor employees to ensure safe food handling procedure operating procedures.</li> <li>□ Implement food safety practices in this facility. Examples work time/temperature logs and/or quality assurance checklists.</li> <li>□ Review health inspections to ensure critical violations are correctime frames for corrections. Monitor facility for violation trenum Model proper food safety behaviors acting as a role model at the lead of the Certified Food Service Manager leaves the facility, Oakled Certified Food Service Manager must be employed at the facility.</li> </ul>	s on the three main causes of foodborne illness: ross Contamination ares. Periodically review and update facility's standard and include cleaning/maintenance schedules, ected. Review findings with area sanitarian and discuss ds. his facility.
Sanitarian & Date  October 15-0-1  Certified	Manager & Date
2	2

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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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Position of Certified Manager

	FOO	D SERVICE ES	TABLISH	IMENT INSPE	CTION REPORT	
,		D COUNTY HEALTH D N TELEGRAPH R AC, MI 48341-		Beb 248-484-7692	ROUTINE INSPECTION FOLLOW-UP ENF. FOLLOW-UP	CLIENT NO. 00353341 STATE I.D.
	PUB ROCHES ER HILLS		<b>07</b>	сvт# 262	☐ COMPLAINT ☐ INVESTIGATION ☐ OPENING INSPECTION NEW OWNER ☐ YES ☐ NO INSPECTION DATE	024110
	  SZCZOWSK  -27-04A0	I/3794106 3:22 RCVD		1115HMENT PHONE 1556-7700	NSDI /- 7 /- 6 RUN DATE 6 / 0.5 FOLLOW-UP DATE 5	04
ITEM/RULE NO.	CRITICAL		190041	REMARKS		CORRECT BY:
3-501.16	C 76 h.s. E. N.S. Fi.	prevent the procedure for the sternature of the	de rust 13e. Eg 11de 47. red /u	Let pathes the Retail has Retain to	stocked at the	Connecti In Magnes
3-34,11		one hand con	A 0	11 1	motected facy served handling I sarvice gloves	Connec
3-501,15	Egl	tentially hazar Soups & chil	: 47-4	<i></i>	e preperti contain	
4-501.16	N To	+ Kits Must	runden t be on chlorine h lonine	hand Eg! )	contexturs chemical	
7 Gt. 1 &	C For	al contact	sun free	s must be	Kerl clein. Kg! W.	oter
WATER  1UNICIPAL  N-SITE  /SSN#  AMPLE COLLECTED	SEWAGE  MUNICIPAL DON-SITE	MANAGER CERTIFIED YES XI NO	LICENSE POSTED  YES (1)	ANTI-CHOKING TECHNIQUES POSTED YES  NO	Critical violations cited	Yes No
SANITARIAN NA		ID# 298	SEATING CAPA NON-SMOKING AREA		3	
NSPECTED BY RECEIVED BY (Person Prils signature does not imply as EHS 1-0 11/00	Warden in Charge)	ent with any violation noted.	Based on an ir P.A. 92 of 2000 within a period (§8-406.11). Fa	nspection this day, the items 0. Violations cited in this rep not to exceed 10 calendar	marked above are violations of the Mort shall be corrected within the time is days for critical items (§8-405.11) or 9 ce may result in license suspension an isted.	frames specified above, 30 days for noncritical ite

#### **INSPECTION REPORT SUPPLEMENT**

NAME OF ESTABLISHMENT/FACILITY	STATE I.D.NUMBER	
Harlin Rub	24110	
ADDRESS 1988 Rochesten		

	<del></del>		44000
ITEM/RULE NO.	CRITICAL		CORRECT BY
5-205.15	WZ.	is collecting on the hotton of the neach-in	8-3-04
		coeler. Have the eurponater pan repained	
		En pup welon now han coela	
6-303.11	N	Lighting rust he adequate to: The light in	8-24-64
	ļ	the any stering now is rissing . Eg! Provide	
		a light for the wall texture	
4-903,11	N	Storage of single service, tens must be	7-24-64
		in an approval location. Eq! Boxed cup	
		Iros me on the flow. Keys all items	
		of floors on uppered sholving	
6-202.14	1	resple, ex nestnoeus sust he self-closing.	<u>L</u>
		Es! The Doca to the exployer nest men	, 10-24-
		is con . Provide a self-closing device	
4-602.13	N	Non-Foed contact rust he kept clem.	7-74-4
		Fz: The heverage gun helden is seiled.	
	****	Resoure and class	
	***************************************		

4		
RECEIVED BY (PERSON IN CHARGE)	INSPECTED_BY	/ DATE
10/11/	1000 11 00	
House	Tout Kill like	0 1-69-09
<del>-/3</del>	- names	

EHS 1-41 (10/00)

PAGE Z OF Z



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

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November 15, 2004. If you do not employ a certific facility's food service license.	tified manager by that date, action will be taken against
NAME OF ESTABLISHMENT HAMlin Ri. ADDRESS 1988 S. Roche	ctient # 35-334/1 cster Al cvt 262
ESTABLISHMENT TELEPHONE NUMBER 748-63	CERTIFIED MANAGER ON SITE: YES NO
I.D/CERTIFICATE NUMBER 370 4/06	DATE 1-5-04
CERTIFIED MANAGER'S NAME	COURSE TITLE
1.D/CERTIFICATE NUMBER	DATE
<ol> <li>Time/Temperature Abuse 2. Personal Hygier Must monitor employees to ensure safe food handlin operating procedures.</li> <li>Implement food safety practices in this facility. Exatime/temperature logs and/or quality assurance chec Review health inspections to ensure critical violation time frames for corrections. Monitor facility for vio Model proper food safety behaviors acting as a role</li> </ol>	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 discuss blation trends.  model at this facility.  cility, Oakland County Health Division must be notified and a new
HAMICABAKOS 7-74-04	at the facility within 90 days.
Sanitarian & Date	Certified Manager & Date
i. 11/11/	HI

Signature of Owner/Manager & Date

Position of Certified Manager

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federal eligibility requirements apply for certain programs.

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FOOD SERVICE ESTABLISHMENT INSPECTION REPORT. OAKLAND COUNTY HEALTH DIVISION 1200 N TELEGRAPH RD CLIENT NO. PAROUTINE INSPECTION 00413856 ☐ FOLLOW-UP PONTIAC, MI 48341-0432 STATE LD. 024125 ENF. FOLLOW-UP □ COMPLAINT KRUSE & MUER QUALITY FOODS INC ☐ INVESTIGATION 64 N. ADAMS RD □ OPENING INSPECTION ROCHESTER HILLS 262 MI 48309 CVT# NEW OWNER ☐ YES → NO INSPECTION DATE 10-**ESTABLISHMENT PHONE** MANAGER/OWNER RANDALL WEED/423189/DARREL S 248-375-2503 NSDI 09/05/04 RUN DATE **FOLLOW-UP DATE** 10-22-04P01:07 RCVD RED. FREQ. YES 🗌 NO [ ITEM/RULE NO. CRITICAL CORRECT BY: 2-301,14 3-201,16 MUSHRUN 4-60<1 5-203.14 MANAGER CERTIFIED LICENSE WATER ANTI-CHOKING Critical violations cited: Yes □ No SEWAGE POSTED TECHNIQUES POSTED X **JUNICIPAL** YES  $|\mathbf{X}|$ All critical violations corrected: 

Yes )N-SITE MUNICIPAL X NO YES XYES VSSN# ON-SITE ISSUED\_111194 NO NO Critical violations not corrected this date 3AMPLE COLLECTED .... SANITARIAN NAME 347 54 ID# SEATING CAPACITY

This signature does not imply agreement or disagreement with any violation noted. EHS 1-0 14/00 

YES X

You have the right to appeal any violations listed.

NO 🗌

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 ite (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action.

NON-SMOKING

AREA

ESTELL/WESTBROO

RECEIVED BY (Person in Charge)

INSPECTED BY

#### **INSPECTION REPORT SUPPLEMENT**

INSPECTION REPORT SUPPLEMENT					
NAME OF ESTA	BLISHMENT/F	ACILITY	STATE I.D.NUMBER		
Case	+12	ver awity Freds	24125		
ADDRESS	Ada	^ <			
<u> </u>	11000				
ITEM/RULE NO.	CRITICAL			COI	RRECT BY
3-301.15)	NC	2 Saps impurely cooling in a	~ K/Kin	ic	ح ہ
		@ 6/9F and above, MUST HITE	2 rapid	~ X6	e ands visided
		Cooling proceedings to cool food gray	<i>y</i>	0	
		Shallow uncoverelpans, ice but			
		Scoops, etc. Consider using welk,			
	-	whice wands for 1st has DONOT			***************************************
		Sags in deap Contines in walk	1016		
		sodut is above 4/4.			
525.11	NC	A) Backhardsink Hockel by his	e, facet	10-	29-04
5202.12	N	boken - constant running water.	,		
6-301.11	NC	B) Cookline hardsink wo hotax	KAN)		
525.15	NC	missing Scap disperson			
		ALL hardsinks must be accessible	@ ALL		
		times AND be Sticked w/ hot wi	kr(110%),		
		Scap , paper towel, + Instruction Sig	n. 16g		The shall be the factor of the
		plubing in good regain + hardsink	s Sety		
		great to allow green tracked in	Ţ- <u>-</u>		
3-3412	VC	Bool used to Scap flow long god		-	
	Man	bin. MUST ctilize hardled scogs to	<u>dipase</u>		A
RECEIVED BY (PE	RSON IN CH	ARGE) INSPECTED BY DATE			

EHS 1-41 (10/00)

#### **INSPECTION REPORT SUPPLEMENT**

STATE I.D.NUMBER

NAME OF ESTABLISHMENT/FACILITY

64 F	dans	<i>'</i>	
ITEM/RULE NO.	CRITICAL		CORRECT BY
6-50).110	NC	Emplyee shirt straton cans, MI utilize	oru-/
		designated area below + away from food / tous	to
		contact items to store employee bolings.	4
3-22.15		2 severely dented cans in dry strage.	Labeled
		MIT discard OR Store Squately + labelet	Sacrtel
and the state of t		cans who dents to greent gossible botulism	
		Contamination.	
		*Improvement noted since gravius ingreti	in *
			***************************************
		Abto Test strips + Hermoneter powiled, no	C1055-
		Contamination observed, payor date marking of	
		glass that war, employee chinks stered page	
****		mgr+chef Knowledgable+ coeperative, consum	
		adizory not requirele this time, no map sink a	railble
		Cemplijees dang water @ garbase grinder, flo	
11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		drains+ bilets are also acceptable).	
RECEIVED BY (PI	ERSON IN CH	ARGE) INSPECTED BY DATE	*
EHS 1-41 (10/00)		PAGE 3 OF 3	



### **CONSUMER ADVISORY STATUS VERIFICATION**

NAME	OF ESTA	BLISHMENT_	Top + pler a	J/Jycli	ent # 41	1385E	
ADDRE	ess6	1 Adam		CVT	26.	2	
DOES 1	FACILIT	OFFER RAW	OR UNDERCOOKED ANIM	AL-BASED FOODS?	YES	NO	
IF YES	, BOTH A	DISCLOSURE	AND A REMINDER ARE RI	EQUIRED			
DISCL	OSURE V	ERIFICATION	(one of these options must be	utilized-check which optic	on 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:							
			e required disclosure?		YES	NO	
REMIN	DER VE	RIFICATION (0)	ne of these options must be uti	lized-check which option	has been ch	osen):	
	footnote g ☐ Re	n the bottom of exarding the safety ministration's modesuming raw or use ods that are not consuming raw or unsuming raw or uns	rbiage used): Place an asterisk ach page that states: of these items, written informated consumer advisory brochure advisory brochure advisory brochure advisory brochure adercooked meats, poultry, seaful accooked meats, poultry, seaful a medical condition (Foods the	tion is available upon reque to is preferred written inform tood, shellfish, or eggs may biage) tood, shellfish, or eggs may	est. (*United nation.) increase you	States Food and Drug  ar risk of foodborne illness.  ar risk of foodborne illness,	
	first item  ☐ No foo ☐ No foo foo	equiring disclosu ice: Consuming r dborne illness. (F ice: Consuming r	rbiage used): You must place a re appears.  aw or undercooked meats, poul coods that are not offered may be aw or undercooked meats, poul pecially if you have a medical cooked.	try, seafood, shellfish, or eq e omitted from verbiage) try, seafood, shellfish, or eq	ggs may incre	ease 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 subs to have E	equent re Environme	rinting of menus intal Health staff r	must comply with both aspects of eview menus prior to printing to	of the Consumer Advisory re avoid any unnecessary re	requirement. printing cost.	Facilities are encouraged s.	
Sanitaria	n	KUL X	Person-in-Charge		/	Date	
The Oakla	and County	Health Division will n	ot deny participation in its programs	s based on race. sex. religion	national origin	are or disability. State and	

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

federal eligibility requirements apply for certain programs.

(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

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT CLIENT NO. 00041593 OAKLAND COUNTY HEALTH DIVISION 1200 N TELEGRAPH RD ROUTINE INSPECTION FOLLOW-UP PONTIAC, MI 48341-0432 STATE I.D. ☐ ENF. FOLLOW-UP 024066 □ COMPLAINT KUBLAI KHAN CHINESE RESTAURANT ☐ INVESTIGATION 173 S. LIVERNOIS RD ☐ OPENING INSPECTION CVT# 262 ROCHESTER 48307 MI NEW OWNER ☐ YES ☐ NO 30/04 AM/ INSPECTION DATE\_ **ESTABLISHMENT PHONE** VIANAGER/OWNER 248-652-0303 SAU SHEUNG LEE/3071907 NSDI RUN DATE 08-31-04P12:51 RCVD FOLLOW-UP DATE NOX RED. FREQ. YES 🗌 REMARKS CORRECT BY: ITEM/RULE NO. CRITICAL

		All	ITEMS NO	TED dy	KING /AST	3/4/04 Follow	
•		UB	INSpection	N hAUE	between Con	KRECTED AT TIME	
		To a	1 Sallow	un E	xcent la	on the following	
		RE	pent IEN	n	0 7	7	and the same of th
-			Jean Je	<i>1)</i>			
4-501,11	NC	<u></u>	RACKED 6	NSKET	MATED ON	The Delfield	11/30/00
REPEAT		12	el doub	le Dran	· Lench 11	N. REPLACE	,
			9m4980				
			and Repan			, ,	
		J					
		0	errent L	) stris	MISC ALL		
3-30511	0		<del>-</del>			KED parallet	
						21 de la	nneded
						product in	Ect
						y to EAT OR	4
						tenial GROWTH	
	4					ED TO WALKIN)	1
4-501,11	NC	$\mathcal{Q}_{L}$				EN. DElime	11/30/04
	*	,,,.	h a o	TU KE	Ep unit	IN SOTT	
		ON	ERATTING			<u> </u>	
3-305,11	NC	$U_{\ell}$	Products,	wual	KIN NOT	GUERED COUER	11/30/09
			4 4 .	YU		pertect from	
		· C	MIMMERME	TOUN	<u>(</u>		
WATER	05.11		MANAGER CERTIFIED	LICENSE	ANTI-CHOKING	Critical violations cited:	Ø⁄es □ No
WUNICIPAL 🔯	i	AGE	YES 🖸	POSTED	TECHNIQUES POSTE	All critical violations corr	ected Yes
ON-SITE L	ON-SITE	PAL 🛣	NO [] ISSUED <u>06<b>13</b>02</u>	YES 🔣	YES L	Critical violations not con	······································
SAMPLE COLLECTED							recied instale
SANITARIAN NAME ID# 298				SEATING CAPA		M	
JOHN-BRADDOCK				NON-SMOKING AREA	YES 🐔 NO 🗌		-
INSPECTED BY						ns marked above are violations of the Mic	
RECEIVED BY Person in Overge)						port shall be corrected within the time fra r days for critical items (§8-405.11) or 90	

(§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.

#### **INSPECTION REPORT SUPPLEMENT**

NAME OF ESTAB	BLISHMENT/F	Kublai Khaw	STATE I.D.NUMBER	41593
ADDRESS		173 S. LIVERNOIS	# 262	<i>e p</i>
ITEM/RULE NO.	CRITICAL			CORRECT BY
3-304,14	NC	No Wiping Clashes NETED at	COOK LINE.	11/30/04
		MAINTAIN WYING CLOSES	Tensed IN	
		Soutizing solition 100 y	0 m	
	~	SUNTAISS TO MINIMIZE	lanting 1	ea. ~/
4-602,13	Ne	Will areas by Cook/in	i 1	
		and will above ches	<i>A</i>	- /
		ace in need of demin	/	
		These well arens of		
4-501,11	NC	CANOPY HUND PACIA TILE		1//30/04
•		CEILING TILE Adjacent		
		CAN gry hord are great	se Inden.	
		DISCARD THE TILES AND	REPLACE	
		material The ledice	c/saxber	
		in The mus alea	CANONS	
		0 0		
RECEIVED BY (PE	RSON IN CH	ARGE) INSPECTED BY DATI	8/30/	log
EHS 1-41 (10/00)	<del>Jo W</del>	PAGE OF		

NAME OF ESTAE	3LISHMENT/I		41593
ADDRESS		173 S. LIUERNOIS #26	
ITEM/RULE NO.	CRITICAL		CORRECT BY
3-304,12	Ne	Improper dispensing utensil	11/30/04
		NOTOLAT SWEET & Sound Space	
		bw, atilize & LAdel with	
		handle stores out of	_1
3-302.12	A/C	Bulk ford by ART / phaled	11/30/6
,		bel " To IDEATING	(7130) 6
	***************************************		
_	···········	contents once removes from	
4-202,16	NC	UNUSABLE MISCELLANGOUS ITEMS	11/30/09
		NOTED STUDED IN dy STORAGE	
		Noom. REnove all censusable items To REmove clutter and	
-		freilitate Cleaning	
4.4.0			
RECEIVED BY (PE	RSON IN CH	ARGE) / INSPECTED BY DATE	
Lu	Spice	June 30/	dy
HS 1-41 (10/00)	//	PAGE OF	



# CONSUMER ADVISORY STATUS VERIFICATION

NAME	OF ESTABLISHMENT KUBLAI KHAN RESTAURANT CLIENT # 41593					
ADDRE	122 C 1 1 1 1 1 1 1 1 7 2					
	ACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS?  YES  NO					
IF YES	BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED					
DISCLO	OSURE 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 th	e above listed items have the required disclosure?  YES  NO					
REMIN	DER 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)						
☐  Any subs	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  equent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encouraged					
to nave E	invironmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs.					
Sanitaria	Person-in-Charge Date					
The Oakla federal eli	nd County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and pibility requirements apply for certain programs.					

FoodForm/ConsumerAdvisoryStatus/2004/32

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PONTIAC MI 48341-0432

(248) 858-1280



federal eligibility requirements apply for certain programs.

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FoodForm/ArticleIV/DataColandResponsibilities/2004/13

PONTIAC MI 48341-0432

(248) 858-1280

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

CERTIFIED MANAGER ON SITE

1010 E WEST MAPLE RD

(248) 926-3300

WALLED LAKE MI 48390-3588

FILE COPY

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.

CERTIF	IED MANAGER'S NAME	COURSE TITLE
I.D/CER	TIFICATE NUMBER	DATE
all food	handling personnel of the food service establi	ice Manager shall be responsible for overseeing the training of shment. The training shall include the principles of food service
the follo		work assignment". Responsibilities include, but are not limited to
_	st be a full-time employee at this facility.	
	at be able to make decisions regarding work pra	ctices and health concerns at this facility.
□ Mus		employees on the three main causes of foodborne illness:
		ng procedures. Periodically review and update facility's standard
	rating procedures.	
		amples would include cleaning/maintenance schedules,
	/temperature logs and/or quality assurance chec	
	lew health inspections to ensure critical violation frames for corrections. Monitor facility for violation	ons are corrected. Review findings with area sanitarian and discuss plation trends.
□ Mod	el proper food safety behaviors acting as a role	model at this facility.
	e Certified Food Service Manager leaves the fa ified Food Service Manager must be employed	cility, Oakland County Health Division must be notified and a new at the facility within 90 days.
Sanitaria	n & Date 3 130/04	Leu Spand Lee 8/30/04 Certified Manager & Date
		CO-OWNER.
Signature	e 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

27725 GREENFIELD RD

(248) 424-7000

SOUTHFIELD MI 48076-3625

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

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT QAKLAND COUNTY HEALTH DIVISION X ROUTINE INSPECTION ☐ FOLLOW-UP PONTIAC, MI 48341-0432 STATE LD 7 ☐ ENF. FOLLOW-UP ☐ COMPLAINT :31 RCVD MAX & ERMAS ☐ INVESTIGATION 122 N. ADAMS ☐ OPENING INSPECTION ROCHESTER HILLS ΜĪ 48309 262 CVT# NEW OWNER ☐ YES X NO INSPECTION DATE 10-19-04 ESTABLISHMENT PHONE 248-375-1535 MANAGER/OWNER MARGARET EASA/3635956 NSDI 09/05/04 **RUN DATE** 10-29-04 **FOLLOW-UP DATE** YES 🗌 RED. FREQ. NO∜⊓ ITEM/RULE NO. | CRITICAL REMARKS CORRECT BY: ~ frevious inspection: 3603,11 4-6021 7-201.11 WATER MANAGER CERTIFIED LICENSE ANTI-CHOKING Critical violations cited: Yes ☐ No **SEWAGE POSTED TECHNIQUES POSTED AUNICIPAL** X YES All critical violations corrected: \( \square\) Yes MUNICIPAL )N-SITE NO YES YES ISSUED 110403 ON-SITE VSSN#\_ NO NO Critical violations not corrected this date SAMPLE COLLECTED ... 3-603.11 210 SANITARIAN NAME SEATING CAPACITY ID# NON-SMOKING LAWSON YES 🖾 NO 🗌 AREA INSRECTED BY Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 20 a P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, ŔĔĊĔIJĔĎBY (Person in Charge) within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical ite (§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.

PH P ^^N

EHS 1-0 11/00

NAME OF ESTABLISHMENT/FACILITY STATE I.D.NUMI				
ADDRESS	+E/	inas	24127	
ADDRESS	$\cap$ $I$		· · · · · · · · · · · · · · · · · · ·	
	Adan	15		
ITEM/RULE NO.	CRITICAL			CORRECT BY
3-30412	NC	A) Utensik e potato station in sta	relinguater	10-29-01
	2C	B Cop used to scapice ownits		Scal ,
		ALL Scaps MUST have handles,	f 21	Parider
		MIST be studed extended up tens,		
		be storel in convinguater, untere		
		below OR 140: Formbore, Keeputers	beato	
		station in ice wer, Coulde ice scapto	U	
4501.11	NC	Several cooles/freezes w/ da	nesed	10-29-04
Rgent		gaskets Das must have tight		
		Surfaces Must be exily cleaned	ble, Cylace	
		gaskets where needed.	<u>.</u>	
62212	NIC	Filter/Spaces missing @ verthool	Provide	
Regret		prer equipment to head system.		
62214	NC	Door to enplayee restrangen D	our MST	
		be self-closing to great contentina	tion.	•
Notes!	nogero	late marking observed, glores + hat	s won, has	dslaks
Stickelt	CCESS,	ble, holding temps paper, test strip		ret
foids,	mork	rowledgale + congentive XFollarep	10-27-64 *	
RECEIVED BY (PI				
200	Boule	Le Son allo 1	0-19-04	
EHS 1-41 (10/00)		page $2$ of $2$	•	



### **CONSUMER ADVISORY STATUS VERIFICATION**

NAME	OF ESTABLE	SHMENT_	Max+E	mas		NT # <u>42</u>	7196
ADDRI	ess <u>12</u> 2	- Maa	<u> </u>		CVT_	$\chi \varphi \chi$	
DOES	FACILITY C	FFER RAV	OR UNDERCOO	KED ANIMAL-BA	ASED FOODS?	YES	NO
IF YES	5, BOTH A D	SCLOSUR	E AND A REMINI	ER ARE REQUIR	ŒÐ		
DISCL	OSURE VER	IFICATIO!	(one of these opti-	ons must be utilized	l-check which option	n has been c	hosen):
List all t	Place an aste the menu iter	risk next to t n appears. T or undercook	he food item requiri he footnote must in	ng disclosure, direct dicate that asterisked av be requested und	l items are served raw	otnote <u>on the</u> v or undercoo	bottom of the page where ked; contain or may
Do all th	he above listed	items have	he required disclosu	ıre?		YES	NO
REMIN	DER VERIF	ICATION (	one of these option	s must be utilized-c	heck which option l	ias been cho	sen):
	footnote on t  Regard  Admin  Consu  (Food.	ne bottom of ling the safe istration's m ming raw or that are not ming raw or	each page that state y of these items, wr odel consumer advi. undercooked meats, offered may be omiundercooked meats,	s: itten information is a sory brochure is pre poultry, seafood, sh tted from verbiage) poultry, seafood, sh	ferred written inform ellfish, or eggs may i	st. (*United S ation.) increase your	risk of foodborne illness.
	First item req  ☐ Notice  Foodbe  ☐ Notice	ciring discloses: Consuming orne illness. (consuming orne illness, earne illness,	raw or undercooked Foods that are not of raw or undercooked	d meats, poultry, sea offered may be omitt d meats, poultry, sea	food, shellfish, or eg	gs may increa	ase your risk of
	Brochure op ☐ United	tion (check States Food	brochure that is us and Drug Administ	ed): ration Model Consu	Advisory Brochure. mer Advisory Brocht w Oysters and Clams	ure	
					Consumer Advisory re any unnecessary rep		Facilities are encouraged
Sanitaria	au ku	Won_	Person-in-	Charge	<u>Lei</u>		10-19-04 Date
				J			

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

federal eligibility requirements apply for certain programs.

(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

(248)926-3300

1010 E WEST MAPLE RD

WALLED LAKE MI 48390-3588

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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 memity 3 food selvice means.	
NAME OF ESTABLISHMENT Max + Ems	CLIENT # 427190
ADDRESS 122 Adams	cvт <u>262</u>
ESTABLISHMENT TELEPHONE NUMBER	_CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME MEGON BROWN	course title SauSee
I.D/CERTIFICATE NUMBER 3982767	DATE 8-5-04
CERTIFIED MANAGER'S NAME Patricia Bonilla	COURSE TITLE Sense
CERTIFIED MANAGER'S NAME Patricia Bonilla  1.D/CERTIFICATE NUMBER 3335366	DATE 2-12-03
all food handling personnel of the food service establishment. The sanitation as they apply to the individual employee's work assignment the following:  Must be a full-time employee at this facility.  Must be able to make decisions regarding work practices and he must develop a formal education program and train employees.  I. Time/Temperature Abuse 2. Personal Hygiene 3. Crown Must monitor employees to ensure safe food handling procedure operating procedures.  Implement food safety practices in this facility. Examples wou time/temperature logs and/or quality assurance checklists.  Review health inspections to ensure critical violations are correctime frames for corrections. Monitor facility for violation trends Model proper food safety behaviors acting as a role model at the lift the Certified Food Service Manager leaves the facility, Oakla Certified Food Service Manager must be employed at the facility.	ealth concerns at this facility. on the three main causes of foodborne illness: oss Contamination res. Periodically review and update facility's standard ald include cleaning/maintenance schedules, rected. Review findings with area sanitarian and discuss its. his facility. and County Health Division must be notified and a new
San Oath 10-19-04 200	1 Base 10/19/04
Sanitarian & Date Certified I	Manager & Date
Signature of Owner/Manager & Date Position of The Oakland County Health Division will not deny participation in its programs based	f Certified Manager
The Cakland County Health Division will not deny participation in its programs based	J OH Face, 36%, Tellylon, Hallonal Origin, age of Gisability. State and

federal eligibility requirements apply for certain programs.

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 27725 GREENFIELD RD 1016

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 ES	IABLISE	IMENT INSP	ECTION REPORT	
	OAKLAND	COUNTY HEALTH D	PIVISION		SEROUTINE INSPECTION	CLIENT NO. 00040979
		C. MI 48341-			FOLLOW-UP	STATE I.D.
		•			☐ ENF. FOLLOW-UP ☐ COMPLAINT	020750
MULDOON		n r:	25-04A10	.36 RC40	□INVESTIGATION	£
	ER HILLS	ки мі 48 <sup>)</sup> 3	195-04A10	CVT# 262	OPENING INSPECTION	_
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MANAGER/OWNER	* 12 ~ Y 1			LISHMENT PHONE	<b>*</b>	***************************************
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				$\mathcal{N}$	RUN DATE08/05 FOLLOW-UP DATE/O	
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ITEM/RULE NO.	CRITICAL			REMARKS		CORRECT BY
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WATER	CE MA CE	MANAGER CERTIFIED	LICENSE	ANTI-CHOKING		d: No
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N-SITE SSN#	MUNICIPAL LX	NO  ISSUED	YES 🛣	YES U		
AMPLE COLLECTED		100011	,,,,		Critical violations not	corrected this dat
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LAWSON _			NON-SMOKING		523.14 g	A
NSRECTED BY	$\sim$		AREA	YES 🖹 NO		
Sono	Illy				ems marked above are violations of the report shall be corrected within the time	
3ECEVED BY (Person i	n Charge)		within a period	not to exceed 10 calence	far days for critical items (§8-405.11) or notice may result in license suspension a	90 days for noncritical it
This signature does not imply ag	rement or disagreemer	nt with any violation noted.		ght to appeal any violatio		
EHS 1-0 11/00	<i>y</i>					NOW 1 1502 - 475 - 496, W.L. V. F

NAME OF ESTABLISHMI	STATE I.D.NUMBER	
ADDRESS	5	20750
3982 F		
ITEM/RULE NO. CRITI	CAL	CORRECT BY
7-20/11	Bottle of pesticide studion	shelfnex met
	to single use items, Store ALL	forice Storage
	items below + any from ALL +	Gad/food
	contact items @ ALL times.	
	Non-Critical Violat.	ius
3-305.1/ N	CA Boxes of chips stocken my	psink 101/04
NC		i 'l
	All food itens mothe store	
	dy laction not exposed to splish	į <b>į</b>
422.11 NC		, , , , , , , , , , , , , , , , , , ,
	gen, God must be transfere	
	tood grade container.	
4-2111 NC	- a Soda gun holdes missing drain	lines
NC	O Cracked gaskets @ Cooks/fr	ee2e/5
	Alleguipment must be in 9	und rear
	lovide dains for soda holders +	
	new gas kets where needed.	
4903,11 NC		s. Irest /
	Aliclean item dring strage.	
DECEMED BY (BEDGG)		
RECEIVED BY (PERSON I		9230-04
EHS 1-41 (10/00)	PAGE 2 OF 4	

NAME OF ESTAE	BLISHMENT/F	ACILITY	STATE I.D.NUMBER	141
MJ do	) Odn.S		20750	
ADDRESS	11			
3982	Hubes	<u>کر</u>		
ITEMPONE E NO	CDITION			
ITEM/RULE NO.	CRITICAL			CORRECT BY
462,13	NE	A) Clean + Sanitize inside ALL 1	reach in	10/10/
		Cooks + Freezes. Renove ALL &		
		on steles, does, handles of bottom	2	
	NC	B) Clean+Smitizewalk-in cook 1	Plan	
	NC	O Clean + Sonitize Sodagen h		
		ALL Surfaces/equipment must		
		+ saitized putinely to greet bild	, ,	
493.11	NC	Ingraper storage of single sen	ice/eda	
		distos in beservert. All foods	ortact	
		itens mest be showed 6" off floo	a. ALL	
		Single service item MSI also be	Stock	
		coreed+renan wroped in plas	tic bag	
		during storge in basement of poor	ſ	
		Corerel Containes to store Single use	e itens.	
620211	NC	Light Fixtures in basement miss	in light	
		Shields. MIT founde gran shields a	Restic	
_		tubes with end caps in place	-	
6501-114	NC	Baserant very unorganized Or	1	/_
		basement to eliminate pest harbage	Conditions	1
RECEIVED BY (PR	RSON IN CH		9-30-04	
EHS 1-41 (10/00)		PAGE 3 OF		

NAME OF ESTABLISHMENT/F.	ACILITY	STATE I.D.NUMBER
ADDRESS		20750
ADDRESS		3200
3782 AU		
ITEM/RULE NO. CRITICAL	Stre itens 6" off floor Ce	nove AN CORRECT BY
	unised/boken itens/equipmen	t. Keer ALC
	unsed/bolen itens/equipment food/food contact items store	1 sepente
	For ACC offer items.	<i>ν</i>
	Notes Gloves + ball cops com	teststips +
	Hernonetes jouide, Consumerad meny, Saitizer level juper @ 3	hisay papara
	meny, Santizer level graperso 3	comp state +
	wiping cloth buckets.	
	*Follow-for 10-11-04 co	rred ALC
	listed violations poier to this.	Late. Any items
	on order should have order re	ceipt.
	Callul questions: Sara Da 248-858-13	Han
	248-558-13	327
DECEMED BY IDEREAL IN OU	ADOEL A INCREATED BY	
RECEIVED BY PERSON IN CH.	ARGE) INSPECTED BY DATI	<del>4</del> 30-04
EHS 1-41 (10/00)	PAGEOF	



# CONSUMER ADVISORY STATUS VERIFICATION

NAME	OF ESTABLISHME	NT Mildons	CL	IENT# <u>4</u>	979
ADDR	ess <u>3982</u>	Abin	CV	T 262	· ·
	, •	RAW OR UNDERCOOKED A	NIMAL-BASED FOODS?	YES	NO
IF YES	S, BOTH A DISCLO	SURE AND A REMINDER AR	E REQUIRED		
DISCL	OSURE VERIFICA	TION (one of these options mus	t be utilized-check which op	tion has been c	chosen):
List all	Place an asterisk net the menu item appear contain raw or unde	de the disclosure, that the food iterat to the food item requiring disclosure. The footnote must indicate the recooked ingredients; or may be recedisclosure:	osure, directing the reader to a at asterisked items are served a quested undercooked; or can b	footnote <u>on the</u>	bottom of the page where oked; contain or may
Do all t	he above listed items	have the required disclosure?		YES	NO
REMI	NDER VERIFICATI	ON (one of these options must b	oe utilized-check which optio	n has been cho	osen):
	footnote on the botto  Regarding the Administration Consuming ra (Foods that a  Consuming ra especially if y	neck verbiage used): Place an astem of each page that states: esafety of these items, written inform's model consumer advisory brown or undercooked meats, poultry, are not offered may be omitted from the original work as medical condition (Foolerek verbiage used): You must place that the property of the control of the c	ormation is available upon req chure is preferred written info , seafood, shellfish, or eggs ma n verbiage) , seafood, shellfish, or eggs ma ds that are not offered may be	uest. (*United ! rmation.) ay increase you ay increase you comitted from v	States Food and Drug  r risk of foodborne illness.  r risk of foodborne illness, perbiage).
_	Notice: Construction		poultry, seafood, shellfish, or nay be omitted from verbiage) poultry, seafood, shellfish, or	eggs may incre	ease your risk of
	Brochure option (c ☐ United States	e MDA Questions and Answers or heck brochure that is used): Food and Drug Administration Mallfish Sanitation Conference Broch	odel Consumer Advisory Bro	chure	
		menus must comply with both asp			
Sanitari	ard little	Person-in-Charge	Tupl	<	73004
Sanitari	all	reison-in-Charge	y i	j	Date /
The Oak	land County Health Divis	ion will not deny participation in its pro	grams based on race, sex, religior	n, national origin,	age or disability. State and

FoodForm/ConsumerAdvisoryStatus/2004/32

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federal eligibility requirements apply for certain programs.

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WHITE = FILE

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YELLOW = FACILITY

27725 GREENFIELD RD

(248) 424-7000

SOUTHFIELD MI 48076-3625

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



#### 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 Moldons	CLIENT # 40979
ADDRESS 3982 Aubum	
ESTABLISHMENT TELEPHONE NUMBER	CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME Steve Fry.	COURSE TITLE Serv Serve
I.D/CERTIFICATE NUMBER 3253384	DATE 11-19-02
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
Must be a full-time employee at this facility.  Must be able to make decisions regarding work practices in this facility.  Must develop a formal education program and trained 1. Time/Temperature Abuse 2. Personal Hygiened Must monitor employees to ensure safe food handling operating procedures.  Implement food safety practices in this facility. Examplement food safety practices in this facility. Examplement food safety practices in this facility. Examplement food safety behaviors acting as a role of the Certified Food Service Manager leaves the facility for certified Food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the facility food Service Manager must be employed as the following facility for the following facility for the following facility for the following facility facility for the following facility facility for the following facility faci	employees on the three main causes of foodborne illness:  a. Cross Contamination g procedures. Periodically review and update facility's standard  mples would include cleaning/maintenance schedules, clists.  as are corrected. Review findings with area sanitarian and discuss fation trends.  model at this facility.  lity, 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

NORTH F 150 W ROCHEST WANAGER/OWNER THOMAS	PC PC TILL I ER	OC N INTIA ANES	RD MI 48: 98615 - PRE:	RD -0432 306 ESTAB	LISHMENT PI 651-8544	62 NIN	ROUTINE INSPECTION FOLLOW-UP ENF. FOLLOW-UP COMPLAINT INVESTIGATION OPENING INSPECTION EW OWNER YES NO NSPECTION DATE 10-2 UN DATE 9/05/ OLLOW-UP DATE NO FOLLOW-UP DATE NO ED. FREQ. YES NO	22-0-1 A.M. 1
ITEM/RULE NO.	CRITICAL		<u> </u>	8 - E - T	REMARKS		58 <sup>4</sup> . 18	CORRECT BY:
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1UNICIPAL	SEW	AGE	YES 🛮	POSTED	ANTI-CH TECHNIQUE		Critical violations cited:	Yes No
N-SITE	MUNICIF		NO 🗆	YES 🛣	YES		All critical violations co	rrected: X Yes
iample collected	ON-SITE		ISSUED <u>  060804</u>	E NO 🗆	NO		Critical violations not co	orrected this date
SANITARIAN NA	ME		D# 383	SEATING CAPA	ACITY 9		$\Delta n$	
BALLARE	1//			NON-SMOKING AREA	G YES 🔣	№ □	25	
NSPECTED BY	IX,		And the state of t				Larked above are violations of the M	ichigan Food Law of 20
RECEIVED BY (Person	h Charge	)		P.A. 92 of 2000	<ol><li>Violations cited</li></ol>	in this report	shall be corrected within the time for critical items (§8-405.11) or 9	rames specified above,
V Marlotti		138	meh	(§8-406.11). Fa		th this notice r	may result in license suspension and	
/ EHS 1-0 11/00	reement or o	isagreemer	nt with any violation noted.		- 1+ Y		A. A	STREET DEF AND AND AND A



# CONSUMER ADVISORY STATUS VERIFICATION

NAME	OF ES	STABLISHMENT North Hill Cones	CLIEN	Т#	41858	
ADDRE	ESS	150 W. Tienlien	CVT	24	<u> </u>	
DOES 1	FACII	LITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED	FOODS?	YES	NO	
IF YES	, вот	TH A DISCLOSURE AND A REMINDER ARE REQUIRED				
DISCL	<u>osur</u>	E VERIFICATION (one of these options must be utilized-check	k which option	has bee	en chosen):	
List all	Place the m	item can include the disclosure, that the food item is, or contains, as an asterisk next to the food item requiring disclosure, directing the nenu item appears. The footnote must indicate that asterisked items in raw or undercooked ingredients; or may be requested undercooked ingredients that require disclosure:	reader to a foot are served raw	note <u>on</u> or under	the bottom of the recooked; contain o	
Do all tl	ne abo	ve listed items have the required disclosure?		YES	NO	
REMIN	DER	VERIFICATION (one of these options must be utilized-check v	vhich option ha	is been	chosen):	
		note option (check verbiage used): Place an asterisk alongside iter ote on the bottom of each page that states:  Regarding the safety of these items, written information is availab Administration's model consumer advisory brochure is preferred Consuming raw or undercooked meats, poultry, seafood, shellfish, (Foods that are not offered may be omitted from verbiage)  Consuming raw or undercooked meats, poultry, seafood, shellfish especially if you have a medical condition (Foods that are not offered may be omitted from verbiage)	le upon request. written informat, or eggs may in , or eggs may in	. (*Unite tion.) crease y	ed States Food an your risk of foodbo	d Drug
		ice" option (check verbiage used): You must place a "Notice" on tem requiring disclosure appears.  Notice: Consuming raw or undercooked meats, poultry, seafood, seafoodborne illness. (Foods that are not offered may be omitted from Notice: Consuming raw or undercooked meats, poultry, seafood, seafoodborne illness, especially if you have a medical condition. (Food verbiage)	shellfish, or eggs n verbiage) shellfish, or eggs	s may ir s may ir	ncrease your risk o	of of
		hrd option: See MDA Questions and Answers on Consumer Advisor hure option (check brochure that is used):  United States Food and Drug Administration Model Consumer Administration Model Consumer Administration Shellfish Sanitation Conference Brochure for Raw Oyston	dvisory Brochur	re		
to have . Sanitaria	Envirt an	reprinting of menus must comply with both aspects of the Consumption of Menus prior to printing to avoid any under the Consum Person-in-Charge  Person-in-Charge  Sounty Health Division will not deny participation in its programs based on race	nnecessary repr	inting c	osts. $\frac{10/22}{\text{Date}}$	
		requirements apply for certain programs.	, sex, rengion, na	aonai on	gni, age or ursability.	Clate and

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

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 North Hill	Lanes CLIENT # 41858						
ADDRESS 150 W. Thenken	cvr262						
ESTABLISHMENT TELEPHONE NUMBERCERTIFIED MANAGER ON SITE (YES) NO							
CERTIFIED MANAGER'S NAME Thomas La	anjan course title Servinger						
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:    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 discustime 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 negetified Food Service Manager must be employed at the facility within 90 days.							
Sanitarian & Date	Certified Manager & Date						
Charlotte Succession							
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							

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

federal eligibility requirements apply for certain programs.

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

#### FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

,	FOUL	SERVICE ES	IADLION	INICIA'I IIAOLE	CHON REPORT	•
		COUNTY HEALTH D		1,1	ROUTINE INSPECTION	CLIENT NO. 00807711
		AC, MI 48341-	0432		☐ ENF. FOLLOW-UP	STATE I.D. 024015
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31 <b>76</b> W	ALIUN ER HILLS	8D MI 483	no.	2 242	☐ OPENING INSPECTION	
NUCHE 3 I	EN MILLS	M1 403	U7	CVT# 262	NEW OWNER ☐ YES ☐ NINSPECTION DATE	9. 24/04 A.M./
MANAGER/OWNER	NG, PRES			LISHMENT PHONE 375-9200	NSDI 2/26/05	-
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				RUN DATE 07/05	704
	470	3-31-04P12:39	R C V D		FOLLOW-UP DATE	
	· · · · · · · · · · · · · · · · · · ·	3-31-04112-27			RED. FREQ. YES N	10 🖫
ITEM/RULE NO.	CRITICAL	2-3		REMARKS		CORRECT BY:
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WATER		MANAGER CERTIFIED	LICENSE	ANTI-CHOKING	Critical violations cited	d: 🔀 Yes 🗌 No
IUNICIPAL X	SEWAGE	YES 🛣	POSTED	TECHNIQUES POSTE	U	
N-SITE   MUNICIPAL   NO		YES 🛣	YES  NO	All critical violations corrected: Yes		
AMPLE COLLECTED		100020			Critical violations not	corrected this date
SANITARIAN NA	ME	1D# 298	SEATING CAPA	ACITY 49		
JOHN-BRADDO	эск		NON-SMOKING AREA	YES NO NO		•
NSPECTED BY	2114		Based on an ir	nspection this day, the item	s marked above are violations of the	Michigan Food Law of 20
RECEIVED BY (Person	in Chardel	Xi	P.A. 92 of 2000	<ol><li>Violations cited in this re</li></ol>	port shall be corrected within the time days for critical items (§8-405.11) or	frames specified above,
		$\prec$	(§8-406.11). Fa		lice may result in license suspension a	
This signature does not imply as	greement or disagreem	ent with any violation noted.	rounave me ii	Sir to appear any violations	notou.	

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# CONSUMER ADVISORY STATUS VERIFICATION

NAME	OF ESTABLISHMENT OCHANIA JAN INC CLIEN	T#	07711	
ADDRI	ESS 3176 Walton CVT	26.	2	
DOES	FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS?	YES	NO	
IF YES	S, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED			
DISCL	OSURE VERIFICATION (one of these options must be utilized-check which option	has been c	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 ti	he above listed items have the required disclosure?	YES	NO	
REMIN	NDER VERIFICATION (one of these options must be utilized-check which option ha	is been cho	osen):	
<ul> <li>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:</li></ul>				
□ 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 sub. to have Sanitaria	sequent reprinting of menus must comply with both aspects of the Consumer Advisory requiremental Health staff review menus prior to printing to avoid any unnecessary reprior to printing to avoid any unnecessary reprintend to avoid any un	inting costs S	Facilities are encouraged  2 6 6 1  Date	
The Oakl federal el	and County Health Division will not deny participation in its programs based on race, sex, religion, nat ligibility requirements apply for certain programs.	tional origin,	age or disability. State and	

FoodForm/ConsumerAdvisoryStatus/2004/32

PONTIAC MI 48341-0432

COPY DISTRIBUTION:

(248) 858-1280

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432

WHITE = FILE

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

YELLOW = FACILITY

27725 GREENFIELD RD

(248) 424-7000

SOUTHFIELD MI 48076-3625

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

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 INCCLIENT# 24015
ADDRESS 3/76 WALTON	cvr_ 262
ESTABLISHMENT TELEPHONE NUMBER 375- 92	200 CERTIFIED MANAGER ON SITE (YES) NO
CERTIFIED MANAGER'S NAME WAT Leur	NG COURSE TITLE SEEN SAFE
I.D/CERTIFICATE NUMBER 38.39632	DATE 4/26/09
CERTIFIED MANAGER'S NAME	COURSE TITLE
I.D/CERTIFICATE NUMBER	DATE
<ul> <li>Must monitor employees to ensure safe food handling properating procedures.</li> <li>Implement food safety practices in this facility. Example time/temperature logs and/or quality assurance checklists.</li> <li>Review health inspections to ensure critical violations are time frames for corrections. Monitor facility for violation Model proper food safety behaviors acting as a role mode</li> </ul>	oyees on the three main causes of foodborne illness:  3. Cross Contamination occdures. Periodically review and update facility's standard as would include cleaning/maintenance schedules, occorrected. Review findings with area sanitarian and discuss a trends.
Certified Food Service Manager must be employed at the	1001 Rel 8/26/04
	ified Manager & Date  OCUNER)
Signature of Owner/Manager & Date Posit	tion of Certified Manager

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 27725 GREENFIELD RD SOUTHFIELD MI 48076-3625

(248) 424-7000

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

FoodForm/ArticleIV/DataColandResponsibilities/2004/13

federal eligibility requirements apply for certain programs.

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

Position of Certified Manager