

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

OAKLAND COUNTY HEALTH DIVISION

Olive Garden
 2615 S. Rochester
 Rochester Hills, MI 48308 CVT# 0202

- ROUTINE INSPECTION
- FOLLOW-UP
- ENF. FOLLOW-UP
- COMPLAINT
- INVESTIGATION
- OPENING INSPECTION
- NEW OWNER YES NO
- INSPECTION DATE 1-23-04 A.M. / P.M.

CLIENT NO. 516362
 STATE I.D. 24449

MANAGER/OWNER _____ ESTABLISHMENT PHONE _____

NSDI _____
 RUN DATE _____
 FOLLOW-UP DATE 1-27-04
 RED. FREQ. YES NO

01-26-04 12:12 RCVD

248

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		[REDACTED] Coolers below 41°F	
3-501.11	C	Raw hamburger next to Borraine Raw Eggs next to and above chicken base Vegetables in walk-in cooler. Chicken above Borraine on speed rack. Store all raw animal foods beneath rear wall and separate from all ready-to-eat foods to prevent illness	corrected
3-501.17	C	Milk from previous day at bar with no date. Provide a use-by date on all potentially hazardous foods. Ready-to-eat foods refrigerated 24 hours or more to prevent illness	Corrected
2-301.11	C	Employee found wiping gloved hands on apron. Employee at bar dish machine found handling both soiled and clean dishes. Employee Employee shall wash their hands after any	corrected by retrained cleaner

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/> ISSUED _____	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	
SANITARIAN NAME ESTELL		ID# 347	SEATING CAPACITY _____ NON-SMOKING AREA YES <input type="checkbox"/> NO <input type="checkbox"/>		

Critical violations cited: Yes No
 All critical violations corrected: Yes
 Critical violations not corrected this date:
 5-402.13
 SA

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

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

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

C.I.

NAME OF ESTABLISHMENT/FACILITY Olive Garden	STATE I.D. NUMBER 24149
ADDRESS 2415 S. Rochester	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		Chance on Contamination.	
4-602.11	C	Thoroughly Clean slicer and mixer to remove excess food debris found there. Clean at a frequency that will prevent Contamination	1-29-04
5-402.3C		PIPE at North Ice bin in wait station found extending into Floor Cup. Cut pipe from ice bin so that it is a minimum of 1.5 inches above floor drain	1-29-04
3-305.11	NC	Provide a microswitch at	1-29-04
4-501.11	N	Ice bin to protect the ice when beverages are dispensed.	
3-305.11	NC	Provide a splash shield at Sinks to protect single-service items in wait area. (NOTE it was removed)	1-29-04

RECEIVED BY (PERSON IN CHARGE) A	INSPECTED BY Michelle Estee	DATE 1-23-04
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

512362

NAME OF ESTABLISHMENT/FACILITY Olive Garden	STATE I.D. NUMBER 24149
ADDRESS 2615 S Rochester	

ITEM/RULE NO.	CRITICAL		CORRECT BY
4-602.B	NC	Thoroughly clean area beneath dipper well to remove spilled water on shelf. found pooling there	corrected cleaned
5-205.111	NC		correct
4-602.111E		Thoroughly clean and remove corrosion found in the upper interior and side wall in the ice machine	4-2301
	NC	provide missing hand splash shield thermometer at wait station cooler.	corrected changed
3-385.111	NC	Remove milk & half & half container in the ice bin at the bar area. Do not store items in ice used for consumption	corrected moved

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY Michelle Estell	DATE X Ken Bussan
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Olive Garden	STATE I.D. NUMBER
ADDRESS 2615 S. ROCHESTER	

ITEM/RULE NO.	CRITICAL		CORRECT BY
6-501.14		Thoroughly clean soiled ceiling vents in area of OFFICE	1-29-04
5-205.15	NC	Repair leaky valves at dishwasher spray arm area	1-24-04
6-501.11 RPT	NC	Replace broken missing light shields above dishwasher	1-29-04
6-501.14	NC	Replace missing spacer at the exhaust hood	3-03-04

RECEIVED BY (PERSON IN CHARGE) <i>Ken Bisson</i>	INSPECTED BY <i>Michelle Estell</i>	DATE 1-23-04
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FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

OUTBACK STEAKHOUSE
1880 ROCHESTER RD
ROCHESTER HILLS MI 48309

[Handwritten Signature]
CVT# 262

<input checked="" type="checkbox"/> ROUTINE INSPECTION	CLIENT NO. 01024529
<input type="checkbox"/> FOLLOW-UP	STATE I.D. 043684
<input type="checkbox"/> ENF. FOLLOW-UP	
<input type="checkbox"/> COMPLAINT	
<input type="checkbox"/> INVESTIGATION	
<input type="checkbox"/> OPENING INSPECTION	
NEW OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSPECTION DATE <u>8-16-04</u> A.M. <input checked="" type="checkbox"/> P.M.	
NSDI <u>2-16-04</u>	
RUN DATE <u>07/05/04</u>	
FOLLOW-UP DATE _____	
RED. FREQ. YES <input type="checkbox"/> NO <input type="checkbox"/>	

MANAGER/OWNER ALICIA KLOUSE/2277145 ESTABLISHMENT PHONE 248-650-2521

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
4-703.11	C	Sanitization of dishes, utensils etc must take place. Eg: The hot water sanitizing dishwasher failed heat tape test twice. Until corrected it will be required to manually sanitize all washed items in 2200 Quats. Booster heater was off.	Corrected Booster heater turned on
5-203.14	C	Water supply must be protected from backflow. Eg: At the dishwash station has a spray nozzle attached downstream from the atmosphere vacuum breaker	Corrected spray nozzle removed
5-205.11	N	Handwashing stations must be easily accessible. Eg: The hand sinks at cook line and by the prep area along back wall are obstructed. Remove obstructions	8-16-04
5-203.14	C	Equipment must be properly air gapped. Eg: The drain line from the overhead steam unit extends into the floor drain. Provide an air gap 2x pipe width	Corrected By air gap.
3-305.11	N	Food must be protected from contamination. Eg: (1) In the dry storage area bulk storage items are uncovered. (2) Rice on trays are stacked without barriers. Provide use lids and barriers	8-16-04

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>112403</u>	LICENSE POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SANITARIAN NAME <u>JOHN-BRADDOCK</u> ID# <u>298</u>					All critical violations corrected: <input checked="" type="checkbox"/> Yes
SEATING CAPACITY <u>254</u>					Critical violations not corrected this date: <u>N/A</u>
NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					

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

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

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Outback Steakhouse</i>	STATE I.D. NUMBER <i>436814</i>
ADDRESS <i>1880 Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>3-501.15</i>	<i>N</i>	<i>Ice baths must be adequate. Eg: Ice bath at unit station on bottom of pan. Keep the ice baths at product level</i>	<i>E-16-01</i>
<i>4-502.11</i>	<i>N</i>	<i>Thermometers must be properly scaled. Eg: At the bar cooler a thermometer is scaled 50-550°F. Provide a thermometer scaled 0-220°F ±2°</i>	
<i>4-602.13</i>	<i>N</i>	<i>Non-Food contact surfaces must be kept clean. Eg: In the bar ^{freezer} cooler a heavy ice build-up is present. Defrost freezer</i>	<i>9-16-01</i>
<i>6-501.12</i>	<i>N</i>	<i>Walls must be kept clean. Eg: The wall by the shaving station & cooler has accumulated material. Clean wall & conduit lines</i>	<i>9-16-01</i>
		<i>Walk-in well organized</i>	
		<i>No temperature violations</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>E-16-01</i>
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Outback Steakhouse CLIENT # 1024529

ADDRESS 1880 Rochester CVT 262

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

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

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

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

List all food items that require disclosure: Steaks, Hamburgers

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

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

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

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

HAROLD WALKER Sanitarian Judy Kirt Person-in-Charge 8-16-04 Date

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

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

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

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

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

FoodForm/ConsumerAdvisoryStatus/2004/32

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



FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

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

NAME OF ESTABLISHMENT Outback Steak House CLIENT # 1024529

ADDRESS 1800 Rochester CVT 262

ESTABLISHMENT TELEPHONE NUMBER 248-652-2521 CERTIFIED MANAGER ON SITE: YES NO

CERTIFIED MANAGER'S NAME Alicia Klouse COURSE TITLE Serv Safe

I.D./CERTIFICATE NUMBER 2277145 DATE 4-19-00

CERTIFIED MANAGER'S NAME Jacky Reinhold COURSE TITLE Serv Safe

I.D./CERTIFICATE NUMBER 3079557 DATE 6-19-02

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

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

HARALABAKOS 8-16-01
Sanitarian & Date

Signature of Owner/Manager & Date

Certified Manager & Date

Position of Certified Manager

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FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

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

CLIENT NO.
00462148
STATE I.D.
024137

PINE TRACE GOLF CLUB
3600 PINE TRACE RD
ROCHESTER HILLS MI 48309 CVT# 262

INSPECTION DATE 10-20-04 A.M. P.M.

MANAGER/OWNER: LISA HENSLER WILLIAMS/931368
ESTABLISHMENT PHONE: 248-852-7100
10-22-04A10:58 RCVD

NSDI 4-20-05
RUN DATE 09/05/04
FOLLOW-UP DATE 10-29-04
RED. FREQ. YES NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Violations corrected from previous inspection: gaskets replaced	
		CRITICAL VIOLATIONS	
2-701.11	C	Employee drink stored on cooler @ cookline. ALL employee beverages MUST be stored below + away from ALL food-food contact items @ ALL times.	Discard Drink
3-301.11 Repeat 2X	C	Employees using bare hands to handle buns @ cookline. No bare hand contact w/ ready-to-eat food. MUST utilize gloves, utensils, deli tissues.	10-29-04
3-302.11 Repeat 2X	C	A) Raw fish stored above on BBQ sauce B) Raw steak stored next to pickles ALL raw animal product MUST be stored below + away from ALL cooked/ready-to-eat food AND be stored according to cook off temp.	moved to proper storage
3-501.16	C	Salad cooler @ 52°F. ALL potentially hazardous food MUST be 41°F or below to prevent bacterial growth. Monitor temps routinely. Discard sour cream + ranch dressings do NOT use unit for potentially hazardous food until @ 41°F.	Discard PHF
3-603.11	C	Improper consumer advisory on menu. MUST provide "Cooked to order." to statement on bottom of menu pages. Utilize stickers OR re-print menu	10-29-04

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> VSSN# _____ SAMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>030204</u>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All critical violations corrected: <input type="checkbox"/> Yes Critical violations not corrected this date: 3-301.11 3-603.11
SANITARIAN NAME: <u>BALLARD</u> ID#: <u>383</u>		SEATING CAPACITY: <u>77</u> NON-SMOKING AREA: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

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

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Pine Trace Golf Club	STATE I.D. NUMBER 24137
ADDRESS 3600 Pine Trace	

ITEM/RULE NO.	CRITICAL		CORRECT BY
4-602.11	C	Sailed can opener blade. MUST clean + sanitize can opener routinely to prevent build-up.	cleaned
7207.11	C	Employee medicine stored on shelf above prep area. MUST store ALL medicines in designated area away from food prep.	moved to rest room
Non-Critical Violations			
2402.11	NC	Employees not wearing hair coverings. ALL employees handling exposed food or clean dishes MUST wear hats, hairnets, scarfs, etc.	10-29-04
3306.11	NC	Food on display for customer self-service not shielded. ALL food on display MUST be protected from overhead + customer contamination. Cover food or provide shields/guards	
3304.11	NC	No sanitizer in wiping cloth bucket @ register	
		bucket MUST be 50-100 ppm chlorine OR 200 ppm quat to sanitize properly. Change solution.	
B304.13	NC	Towel used to cover lettuce in cooler. Do NOT use absorbent materials in direct	

RECEIVED BY (PERSON IN CHARGE) <i>Stephane Martin</i>	INSPECTED BY <i>Sara Datta</i>	DATE 10-20-04
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Pine Trace Golf Club	STATE I.D. NUMBER 24137
ADDRESS 3600 Pine Trace	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		w/ food, MUST utilize smooth, non-absorbent, easily cleanable surfaces. MUST be food grade.	
462.13	NC	One door freezer gaskets + inside sealed. Remove ALL buildup. Clean + sanitize equipment routinely.	10-29-04
4-903.11	NC	Single service items stored in outside storage room MUST be stored in box OR plastic bag it arrives in. This room is NOT approved for storage of exposed single use items. Keep items protected.	
6-22.11	NC	Lights to fixtures in outside storage room w/o shields. Provide paper shields to bulbs to prevent breakage.	
6-30.12	NC	No paper towel @ restroom hand sink	
Request		MUST keep hand sinks fully stocked.	↓
		Notes: Dishmachine sanitizing, test strips + thermometers provided, paper date marking observed.	
		Follow-up on 10-29-04	

RECEIVED BY (PERSON IN CHARGE) [Signature]	INSPECTED BY [Signature]	DATE 10-20-04
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Pine Trace Golf Club CLIENT # 462148

ADDRESS 3600 Pine Trace CVT 262

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

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

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

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

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

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

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- Brochure option (check brochure that is used):**
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[Signature] Sanitarian [Signature] Person-in-Charge 10/2004 Date

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

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

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

FoodForm/ConsumerAdvisoryStatus/2004/32

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



FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

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NAME OF ESTABLISHMENT Pine Trace Golf Club CLIENT # 462148

ADDRESS 3600 Pine Trace CVT 262

ESTABLISHMENT TELEPHONE NUMBER CERTIFIED MANAGER ON SITE: YES NO

CERTIFIED MANAGER'S NAME Shirley Robertson COURSE TITLE Serv Safe

I.D./CERTIFICATE NUMBER 3765384 DATE 3-2-04

CERTIFIED MANAGER'S NAME COURSE TITLE

I.D./CERTIFICATE NUMBER DATE

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

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

Sanitarian & Date (Signature: Sandra Colta, Date: 10-20-04)

Certified Manager & Date

Signature of Owner/Manager & Date (Signature: Lynelle M...)

Position of Certified Manager

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

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

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

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

PIZZA PAPALIS
54 W. AUBURN
ROCHESTER HILLS

RD
MI 48307

[Signature]
CVT# 262

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

CLIENT NO.
00041326

STATE I.D.
043572

INSPECTION DATE 9-29-04 A.M. / P.M.

NSDI 3-29-05
RUN DATE 08/05/04
FOLLOW-UP DATE Not Required
RED. FREQ. YES NO

MANAGER/OWNER
DAVID WOOD/3383056

ESTABLISHMENT PHONE
248-852-7272

10-05-04A10:27 REVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Violations corrected from previous inspection dumpster lids closed, walk-in floor clean, food covered in walk-in, no employee beverages observed, handsinks stocked w/ handwash signs, unit thermometers provided, no thawing observed, can opener blades, paper scraps utilized, food stored in food grade containers.	
CRITICAL VIOLATIONS			
3-302.11	C	A) Raw chicken + raw ground beef stored next to spinach in walk-in	} moved raw products to proper location
	C	B) Raw shell eggs stored in bowl w/ butter packets in salad cooler	
	C	C) Raw shell eggs stored on beer bottles in bar walk-in	
		All raw animal product MUST be stored below + away from ALL cooked/ready to eat food @ ALL times. Raw products MUST also be stored according to cook-off temp. Chicken on bottom → ground beef or pork → whole beef, pork, fish, + eggs on top.	
3-301.16	C	Raw chicken, cooked ham @ 5°F in pizza top loader. ALL potentially hazardous food MUST be 41°F or below during cold holding. MUST	moved items to different cooler

WATER MUNICIPAL <input checked="" type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/>	LICENSE POSTED YES <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ON-SITE <input type="checkbox"/>	ON-SITE <input type="checkbox"/>	ISSUED _____	NO <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	All critical violations corrected: <input checked="" type="checkbox"/> Yes
AMPLE COLLECTED <input type="checkbox"/>					Critical violations not corrected this date: <i>[Signature]</i>
SANITARIAN NAME LAWSON		ID# 215	SEATING CAPACITY 92		
			NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

INSPECTED BY *[Signature]*

RECEIVED BY (Person in Charge) _____

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

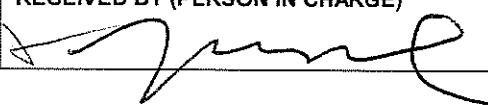
This signature does not imply agreement or disagreement with any violation noted.

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Pizza Papalis</i>	STATE I.D. NUMBER <i>43572</i>
ADDRESS <i>54 W Auburn</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		Keep lids closed @ stop times, rotate stock routinely, after lunch/dinner rush more potentially hazardous foods (meats) to another cooler to rapidly cool down. Do NOT cover container + spread product out into thin layers. Unit holding @ 38°F.	
<i>3-801.17</i>	<i>C</i>	Improper/missing date marking observed. ALL ready-to-eat, potentially hazardous food kept over 24 hrs. MUST be date marked w/ "use by" date no more than 7 days including prep/open date. Do NOT use prep date. Required items include opened lunch meats, cooked noodles, cooked lasagna, etc.	<i>Items properly dated</i>
<i>7-201.11</i>	<i>C</i>	A) Chemical spray bottles hanging above clean dishes in main kitchen	<i>containers moved to paper storage area</i>
	<i>C</i>	B) bottle of bleach stored on top of dish machine on sanitized side	
	<i>C</i>	C) chemical spray bottles stored/hanging above clean dishes in pizza kitchen	
		All chemicals MUST be stored below +	

RECEIVED BY (PERSON IN CHARGE) 	INSPECTED BY <i>Sara Oatis</i>	DATE <i>9-29-01</i>
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Pizza Papalis</i>	STATE I.D. NUMBER <i>43572</i>
ADDRESS <i>54 W. Auburn</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>away from ALL food/ food contact items @ ALL times</i>	
		<i>Non-Critical Violations</i>	
<i>240211</i>	<i>NC</i>	<i>Employees not wearing proper hair coverings. All employees working w/ exposed food or clean dishes MUST wear hat, hairnet, etc.</i>	<i>10-7-04</i>
<i>3-304.14</i>	<i>NC</i>	<i>wiping cloths stored on counters. ALL wiping cloths MUST be stored in in sanitizer solution b/w uses. Provide buckets.</i>	
<i>450.11</i>	<i>NC</i>	<i>A) Walk-in freezer door w/ ice buildup not allowing it to fully close</i>	
	<i>NC</i>	<i>B) Drain line @ Soda gun holder missing corrected. Keep ALL equipment in good repair. Defrost freezer. Keep drains plugged in holders</i>	
<i>4-20216</i>	<i>NC</i>	<i>Towels under cutting board. MUST provide smooth, non-absorbant surfaces. Utilize rubber mats.</i>	
<i>6501.13</i>	<i>NC</i>	<i>A) Extension cord stored on food in dry storage</i>	<i>✓</i>
	<i>NC</i>	<i>B) Ladder stored w/ clean dishes</i>	



RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>9-29-04</i>
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**Oakland County Health Division
Environmental Health Services**

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Pizza Papalis</i>	STATE I.D. NUMBER <i>43572</i>
ADDRESS <i>54 N. Auburn</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>Store ALL maintenance iters below</i>	
		<i>+ away from ALL food/ food contact</i>	
		<i>iters,</i>	
<i>6-30-11/12</i>	<i>NC</i>	<i>A) Soap dispenser @ salad prep broken</i>	<i>10/7/04</i>
	<i>NC</i>	<i>B) No soap/paper towel @ bar handsink</i>	<i>↓</i>
		<i>All handsinks MUST be fully stocked</i>	
		<i>+ accessible @ ALL times. Monitor</i>	
		<i>sink routinely.</i>	
		<i>Note Dishmachine sanitizing, mgr. knowledgeable,</i>	
		<i>test strips + thermometers provided.</i>	

RECEIVED BY (PERSON IN CHARGE) 	INSPECTED BY 	DATE <i>9-29-04</i>
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Pizza Regalis CLIENT # 41326

ADDRESS 54 W Auburn CVT 262

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

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

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

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

List all food items that require disclosure: _____

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

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

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

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

[Signature] Sanitarian [Signature] Person-in-Charge 9-29-04 Date

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

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

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

FoodForm/ConsumerAdvisoryStatus/2004/32

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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 Pizza Papalis CLIENT # 41326

ADDRESS 54 W. Auburn CVT 262

ESTABLISHMENT TELEPHONE NUMBER CERTIFIED MANAGER ON SITE: YES NO

CERTIFIED MANAGER'S NAME David Wood COURSE TITLE Serv Safe

I.D./CERTIFICATE NUMBER 3383056 DATE 3-26-03

CERTIFIED MANAGER'S NAME COURSE TITLE

I.D./CERTIFICATE NUMBER DATE

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

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

Sanitarian & Date

Certified Manager & Date

Signature of Owner/Manager & Date

Position of Certified Manager

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BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432
PONTIAC MI 48341-0432
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WALLED LAKE MI 48390-3588
(248) 926-3300

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

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

CLIENT NO.
00041994

STATE I.D.
024079

R JS PUB
288 W. TIENKEN RD
ROCHESTER HILLS MI 48306 CVT# 262

INSPECTION DATE 10/7/04 A.M. / P.M.

NSDI 4/7/05
 RUN DATE 08/05/04
 FOLLOW-UP DATE NOT REQUIRED
 RED. FREQ. YES NO

MANAGER/OWNER
TOD ANDERSON/319107C
 ESTABLISHMENT PHONE
248-652-0500
 10-11-04A09:02 RCVD

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Items Corrected Since the last 4/26/04	
		Follow up inspection	
		<u>2-401.11</u> - No Employee drinking cups noted Improperly stored	
		<u>4-204.12</u> Thermometers noted in cooling units	
		<u>6-301.11</u> <u>6-301.12</u> Soap/Towelings at hand sinks	
		Current Deficiencies are:	
<u>6-101.11</u>	NC	Hole noted in rear screen door. Repair " " in screen to aid in vector control	4/7/05
<u>3-304.12</u>	NC	MAIN ICE BIN ICE SCOOP IMPROPERLY STORED Designate a sanitary storage location for ice scoop to avoid cross contamination	10/8/04
<u>4-901.11</u>	NC	Air Drying of items coming out of dishwasher (are stored on cloth towel) Discontinue use of cloth towel to store items to air dry. Cloth is an absorbent material conducive to bacterial growth. Recommend bar mats to air dry	4/7/05
<u>3-304.14</u>	NC	No wiping cloth noted. Maintain wiping cloth stored in sanitizing solution 100 ppm-chlorine to wipe food contact surfaces to minimize bacterial growth	10/8/04

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> VSSN# _____ SAMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>032402</u>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No All critical violations corrected: <input type="checkbox"/> Yes Critical violations not corrected this date: <div style="text-align: center; font-size: 2em; font-family: cursive;">JA</div>
SANITARIAN NAME LAWSON		ID# <u>218</u>		SEATING CAPACITY <u>99</u> NON-SMOKING AREA YES <input type="checkbox"/> NO <input type="checkbox"/>	

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

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

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>R J's BAR</i>	STATE I.D. NUMBER <i>41994</i>
ADDRESS <i>288 W. TIENKEN ROCHESTER HILLS</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4-602.13</i>	<i>NC</i>	<i>The following AREAS ARE IN NEED OF CLEANING</i>	<i>4/7/05</i>
		<i>- CLEAN THE CEILING TILE IN KITCHEN</i>	
		<i>- " underside of shelf located</i>	
		<i>ABOVE THE TOP/LOADER</i>	
		<i>- Clean wall area behind meats NEAR</i>	
		<i>COUNTER</i>	
		<i>ROUTINE CLEANING MAINTENANCE AIDS IN</i>	
		<i>PROVIDING A SANITARY prep AREA</i>	
<i>4-501.11</i>	<i>NC</i>	<i>Loose hanging caulk noted at canopy</i>	<i>4/7/05</i>
		<i>hood. Remove all hanging caulk</i>	
		<i>and Recaulk with high temperature</i>	
		<i>caulk to protect food product below</i>	
<i>6-301.14</i>	<i>NC</i>	<i>No handwashing sign in women's</i>	<i>4/7/05</i>
		<i>Rest Room. Post sign " " "</i>	
		<i>" " " TO REMIND EMPLOYEES TO</i>	
		<i>WASH HANDS PRIOR TO RETURNING TO WORK</i>	

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>ZUAZI</i>	DATE <i>10/7/04</i>
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>R JS BAR</i>	STATE I.D. NUMBER <i>41994</i>
ADDRESS <i>288 W. TIENKEN Rochester Hills</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		<i>- BAR -</i>	
<i>3-305.11</i>	<i>NC</i>	<i>DRINK ICE EXPOSED TO DIRECT CONTACT WITH CONDIMENT TRAY CONTAINERS. INSTALL SEPARATOR TO COMPLETELY SEPERATE DRINK ICE FROM FOREIGN ITEM CONTACT TO protect drink ice from possible contamination at BAR.</i>	<i>4/7/05</i>
<i>5-205.11</i>	<i>NC</i>	<i>NO COLD WATER SERVICE TO BAR HANDSINK. PROVIDE COLD WATER SERVICE TO HANDSINK TO FACILITATE HANDWASHING</i>	<i>4/7/05</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>10/7/04</i>
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT R J's BAR CLIENT # 41994

ADDRESS 288 W. TIENKEN Rochester Hills CVT 262

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

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

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

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Frank Zupaz Sanitarian [Signature] Person-in-Charge 10/7/04 Date

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

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

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

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

FoodForm/ConsumerAdvisoryStatus/2004/32

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FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

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NAME OF ESTABLISHMENT R. J's Bar CLIENT # 41994
ADDRESS 288 W. TIENKEN Rock Hills CVT 262
ESTABLISHMENT TELEPHONE NUMBER 652-0500 CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME Todd Anderson COURSE TITLE Serv Safe
I.D./CERTIFICATE NUMBER 3191076 DATE 9/24/02
CERTIFIED MANAGER'S NAME COURSE TITLE
I.D./CERTIFICATE NUMBER DATE

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

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Review health inspections to ensure critical violations are corrected. Review findings with area sanitarian and discuss time frames for corrections. Monitor facility for violation trends.
Model proper food safety behaviors acting as a role model at this facility.
If the Certified Food Service Manager leaves the facility, Oakland County Health Division must be notified and a new Certified Food Service Manager must be employed at the facility within 90 days.

Frank Zuazo 10/7/04 Sanitarian & Date
Todd Anderson 10/07/04 Certified Manager & Date
(Chef)
Signature of Owner/Manager & Date Position of Certified Manager

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

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

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

CLIENT NO.
00485574

STATE I.D.
024145

RED LOBSTER RESTAURANT #497
2825 S. ROCHESTER RD
ROCHESTER HILLS MI 48306
CVT# 262

INSPECTION DATE 12-16-04 A.M. P.M.

MANAGER/OWNER ESTABLISHMENT PHONE
FREDERICK STORRER/298358 248-299-8090

NSDI 6-16-05
RUN DATE 11/05/04
FOLLOW-UP DATE not required
RED. FREQ. YES NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Corrected violations from previous routine on 6-3-04	
4-202.16		no milk crates used as shelving in WIC	
4-202.16		no damaged bus tub lids observed	
4-202.16		no rusted shelving observed in reach in coolers.	
3-302.12		Bulk food containers labelled.	
Today's observations:			
3-305.11	NC	1 1 box of cups on floor in dry storage	food items
4-903.11	NC	1) 1 box of grease on floor in dry storage 2) 1 box of frozen crab on floor in walk-in freezer. All single service items and All food must be stored at least 6" off floor to prevent contamination. Move items to shelves.	moved to shelves
4-602.13	NC	Ice cream spill inside ice cream cooler. All nonfood contact surfaces must be cleaned frequently to prevent buildup. Clean cooler	12-17-04

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> VSSN# _____ SAMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>111903</u>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No All critical violations corrected: <input type="checkbox"/> Yes Critical violations not corrected this date:
SANITARIAN NAME <u>LAWSON</u> ID# <u>218</u>			SEATING CAPACITY <u>305</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
INSPECTED BY RECEIVED BY (Person in Charge) <u>R. Makonen</u>			Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.		

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY Red Lobster Restaurant #497	STATE I.D. NUMBER 486574
ADDRESS 2825 S. Rochester Rochester Hills MI	

ITEM/RULE NO.	CRITICAL		CORRECT BY
6-501.12	NC	floor soiled in WIC with food & soil beer cooler has spill under shelving Physical facilities to be cleaned as often as necessary to keep them clean.	12-17-04
4-204.112	NC	thermometers missing from salad cooler and prep coolers on cooklines. All mechanically refrigerated units must be equipped with a temperature measuring device to monitor ambient temp. Add thermometers.	12-17-04
6-301.14	NC	no handwash sign at handsink in side service area. All handsinks must be marked with signage reminding employees to wash hands.	signs given
Notes:		Facility clean and in good order. All hot temps Above 140°F, cold holding below 41°F. Date marking good. Gloves used, hair restraints used. Shell stock tags in place.	

RECEIVED BY (PERSON IN CHARGE) R. Makarey	INSPECTED BY S. Hahn	DATE 12/16/04
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Red Lobster #497 CLIENT # 486574

ADDRESS 2825 S. Rochester Rochester Hills MI 48315

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

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

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

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

List all food items that require disclosure: oysters, steak

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

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

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

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

S. Hager Sanitarian Rebecca A. Makarewicz Person-in-Charge 12/16/04 Date

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

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

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



FOOD SERVICE MANAGER CERTIFICATION AND RESPONSIBILITIES COLLECTION FORM

In accordance with the requirements of the Oakland County Sanitary Code Article IV (Revised), all-food service establishments shall have at least one employee that has successfully completed an approved Food Service Manager Certification course. If you do not employ a certified manager as required, action will be taken against the facility's food service license.

NAME OF ESTABLISHMENT Red Lobster #497 CLIENT 486574
ADDRESS 2825 S. Rochester CVT 262
ESTABLISHMENT PHONE # 299-8090 CERT. MGR. EMPLOYED: [X] YES [] NO
CERTIFIED MANAGER'S NAME Fred Storrer COURSE TITLE Servsafe
I.D./CERTIFICATE # 298358 DATE
CERTIFIED MANAGER'S NAME Rebecca Makarwicz COURSE TITLE Servsafe
I.D./CERTIFICATE # 306268 DATE 6/9/02

Section 4.4 of Article IV states:

"In the event of a licensed food service operation does not have a Certified Food Service Manager due to the trained employee leaving employment, the operations shall be allowed a period of not more than three (3) months to regain compliance with this Code. A food service establishment without a Certified Food Service Manager as an employee must immediately notify the Oakland County Health Division

LOSS OF CERT. MGR.'S NAME I.D./CERTIFICATE #

Date certified food manager must be replaced by:

Section 4.3 of Article IV states:

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

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

Sanitarian & Date 12/16/04 Certified Manager & Date Rebecca A. Makarwicz 12-16-04

Signature of Owner/Manager & Date Position of Certified Manager

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1200 N TELEGRAPH RD DEPT 432, BLDG 36 EAST PONTIAC MI 48341-0432 (248) 858-1312
27725 GREENFIELD RD SOUTHFIELD MI 48076-3625 (248) 424-7190
1010 E WEST MAPLE RD WALLED LAKE MI 48390-3588 (248) 926-3300

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Ristorante Lino</i>	STATE I.D. NUMBER <i>41841</i>
ADDRESS # <i>50 W. TIENKEN Rochester Hills</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>6-202.15</i>	<i>NC</i>	<i>Employee rest room door is not self closing. Ensure rest room door is self closing to provide physical barrier between rest room and the kitchen/bar area</i>	<i>12/25/04</i>
<i>3-304.12</i>	<i>NC</i>	<i>ICE Scoop improperly stored. STORE " " IN A DESIGNATED SANITARY LOCATION TO AVOID CROSS CONTAMINATION MAIN KITCHEN</i>	<i>9/25/04</i>
<i>4-602.13</i>	<i>NC</i>	<i>GASKETS ON REACH IN DOORS are soiled. Clean the gaskets to keep units in a sanitary condition</i>	<i>12/25/04</i>
<i>3-305.11</i>	<i>NC</i>	<i>PLASTIC STORAGE TRAY CONTAINERS kept on BAR'S DRINK ICE. INSTALL INSERT TO separate drink ice from foreign items to protect drink ice from contamination</i>	<i>12/25/04</i>
<i>4-302.14</i>	<i>NC</i>	<i>NO TEST KIT ON SITE. OBTAIN & utilize a " " TO monitor sanitizing Residual</i>	<i>9/30/04</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>9/25/04</i>
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Ristorante Lino</i>	STATE I.D. NUMBER <i>41841</i>
ADDRESS <i>50 W. TIENKEN Rochester Hills</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4-501.11</i>	<i>NC</i>	<i>Loose caulk hanging from canopy hood. Remove hanging caulk and reapply with high temperature caulk to keep caulk from falling into food product below</i>	<i>12/24/04</i>
<i>4-602.13</i>	<i>NC</i>	<i>Wall area behind Soup Station is soiled. Clean this wall area to keep area in a sanitary condition</i>	<i>9/30/04</i>
<i>3-501.17</i>	<i>C</i>	<i>No Date Marking on Stockpot food containers. Date mark all potentially hazardous ready to eat foods to reflect shelf life of (7) days at <math>41^{\circ}\text{F}</math> to minimize bacterial growth (Stock pots were properly date marked)</i>	<i>(corrected)</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>9/24/04</i>
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT Ristorante Lino CLIENT # 41841

ADDRESS 50 W. TIENKEN CVT 262

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

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

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

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

List all food items that require disclosure: STEAKS

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

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

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

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

Frank Zuzi Sanitarian [Signature] Person-in-Charge 9/24/04 Date

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

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FoodForm/ConsumerAdvisoryStatus/2004/32

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



FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

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

NAME OF ESTABLISHMENT RISTORANTE LINO CLIENT # 41841
ADDRESS 50 W. TIENKEN ROCHESTER HILLS CVT 262
ESTABLISHMENT TELEPHONE NUMBER 852-9002 CERTIFIED MANAGER ON SITE: YES NO
CERTIFIED MANAGER'S NAME ANTHONY BORRACCIO COURSE TITLE Serv Safe
I.D./CERTIFICATE NUMBER 3618231 DATE 10/20/03
CERTIFIED MANAGER'S NAME COURSE TITLE
I.D./CERTIFICATE NUMBER DATE

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

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

Frank Zuazo 9/24/04 Sanitarian & Date
Signature of Owner/Manager & Date 9-24-04 (MER) Certified Manager & Date
Position of Certified Manager

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(248) 926-3300

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

Rivercrest

-T & -V ASSN
900 W. AVON
ROCHESTER

RD
MI 48307

Vpt

CVT# 262

- ROUTINE INSPECTION
- FOLLOW-UP
- ENF. FOLLOW-UP
- COMPLAINT
- INVESTIGATION
- OPENING INSPECTION
- NEW OWNER YES NO
- INSPECTION DATE 10-4-04 A.M. P.M.

CLIENT NO.
00040981

STATE ID.
024055

MANAGER/OWNER
ANTHONY TOCCO/3851029

ESTABLISHMENT PHONE
248-652-6706

10-06-04P01:39 RCVD

NSDI 4-4-05
RUN DATE 08/35/04
FOLLOW-UP DATE not required
RED. FREQ. YES NO required

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
4-703.11	C	dishmachine not sanitizing dishes at time of inspection. A chemical dishmachine must sanitize (bleach/chlorine) at 50-100ppm to safely clean dishes. Adjust machine to sanitize at approved levels. Machine at 0° ppm.	dish machine repaired. sanitize 50+100ppm
3-501.17	C	opened container of potato salad, and opened container of sour cream without date label. All ready to eat potentially hazardous foods must be marked with a 7 day discard date to prevent unsafe consumption. Manufactures date is for unopened product. Do not exceed 7 days once opened.	foods discarded
3-302.11	C	raw eggs next to bare condiments (olives, tomatoes, etc). All raw animal foods must be stored below and away from all ready to eat foods. Move bar condiments away from eggs.	bar condiments moved to bar cooler.
5-205.15	C	ice machine not air gapped. and there may not exist a direct connection between the drain line of ice machine and sewer drain. Suspend pipe so that	

WATER MUNICIPAL <input checked="" type="checkbox"/> IN-SITE <input type="checkbox"/> VSSN# _____ SAMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>051104</u>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	Critical violations cited: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All critical violations corrected: <input checked="" type="checkbox"/> Yes Critical violations not corrected this date: _____
SANITARIAN NAME <u>LAWSON</u> ID# <u>218</u>		SEATING CAPACITY <u>336</u> NON-SMOKING AREA YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
INSPECTED BY <u>[Signature]</u>		RECEIVED BY (Person in Charge) <u>[Signature]</u>			

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

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

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY TDV Assoc.	STATE I.D. NUMBER 0040981
ADDRESS 900 W. Avon Rochester MI 48307	

ITEM/RULE NO.	CRITICAL		CORRECT BY
		Does not enter the drain, preventing contamination of water supply	
3-305.11	NC	Ice cream & food boxes on floor in walk-in freezer. All food must be kept at least 6" off floor	1-4-05
Repeat		2) food containers (straw) on floor in WIC. Move foods to shelves.	
		All food & coolers holding below 41°F. Good chemical storage. Gloves used. Test strips, thermometers available.	
		Corrected violations from previous inspect:	
		4-207.16 New shelving above 3-e sink	
		4-903.11 All pans off floor	
		6-501.16 mop head newer	
		3-302.12 All food containers labelled	
		6-201.11 Floor tiles in good repair.	

RECEIVED BY (PERSON IN CHARGE) A. Voeco	INSPECTED BY S. L. [Signature]	DATE 10/4/04
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CONSUMER ADVISORY STATUS VERIFICATION

NAME OF ESTABLISHMENT T&V Assn CLIENT # 00040981

ADDRESS 900 W. Avon CVT 262

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

IF YES, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED

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

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

List all food items that require disclosure: _____

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

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

- Footnote option (check verbiage used):** Place an asterisk alongside items requiring disclosure directing the reader to a footnote on the bottom of each page that states:
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[Signature] Sanitarian X [Signature] Person-in-Charge 10/4/04 /Date

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BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 27725 GREENFIELD RD 1010 E WEST MAPLE RD
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 (248) 858-1280 (248) 424-7000 (248)926-3300

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FoodForm/ConsumerAdvisoryStatus/2004/32

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FOOD SERVICE MANAGER
CERTIFICATION AND RESPONSIBILITIES
COLLECTION FORM

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NAME OF ESTABLISHMENT T & V Assoc. CLIENT # 0040981

ADDRESS 900 W. Avon CVT 262

ESTABLISHMENT TELEPHONE NUMBER CERTIFIED MANAGER ON SITE: YES NO

CERTIFIED MANAGER'S NAME Anthony Tocco COURSE TITLE Servsafe

I.D./CERTIFICATE NUMBER 3851029 DATE

CERTIFIED MANAGER'S NAME COURSE TITLE

I.D./CERTIFICATE NUMBER DATE

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

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

Sanitarian & Date [Signature] 10/4/04

Certified Manager & Date [Signature] 10/4/04

Signature of Owner/Manager & Date

Position of Certified Manager

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PONTIAC MI 48341-0432
(248) 858-1280

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SOUTHFIELD MI 48076-3625
(248) 424-7000

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

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

JK

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

CLIENT NO.
00041731

STATE I.D.
044294

SALSAS
2601 S. ROCHESTER RD
ROCHESTER HILLS MI 48307 CVT# 262

INSPECTION DATE 7-27-04 A.M. / PM

MANAGER/OWNER
ABBY MICHALSKY/3687401 JESUS ESTABLISHMENT PHONE
248-853-6800

\ 07-29-04P01:23 RCVD

NSDI 1-27-05

RUN DATE 06/05/04

FOLLOW-UP DATE Not Required

RED. FREQ. YES NO

ITEM/RULE NO.	CRITICAL	REMARKS	CORRECT BY:
		Violations corrected from previous inspection: no cooling observed, no employee drinks observed, no un-labeled chemical bottles observed, no employee medicine, coats, cell phones observed, no longer serving apples @ salsa bar, sanitizer tablets stored on bottom shelf @ bar, ice scraps stored properly @ bar, handsinks accessible, sink @ bar repaired.	
		CRITICAL VIOLATIONS	
3-302.11	C	BBA sauce stored next to raw chicken. All raw animal product must be stored below + away from ALL cooked/ready-to-eat food @ ALL times to prevent cross-contamination. Label shelves if necessary.	moved BBA to different shelf
3-501.17 Repeat	C	No date marking on open milk containers! ALL ready-to-eat, potentially hazardous food held over 24 hrs. must be dated w/ use by date no more than 7 days including prep/open date. Once cartons are open, employees must date it. Consider purchasing 1/2 gallons, if used w/in 24 hrs. dating is not required. Mgr. states Sour Cream is used w/in a few hours once opened.	Dated open containers

WATER MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> VSSN# _____ SAMPLE COLLECTED <input type="checkbox"/>	SEWAGE MUNICIPAL <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/>	MANAGER CERTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ISSUED <u>121503</u>	LICENSE POSTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ANTI-CHOKING TECHNIQUES POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>
SANITARIAN NAME <u>ESTELL/WESTBROG</u> ID# <u>347</u>		SEATING CAPACITY <u>240</u> NON-SMOKING AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

Critical violations cited: Yes No

All critical violations corrected: Yes

Critical violations not corrected this date:

GA

INSPECTED BY [Signature]

RECEIVED BY (Person in Charge) [Signature]

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

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

Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Salsas</i>	STATE I.D. NUMBER <i>44294</i>
ADDRESS <i>2601 Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4-602.11</i>	<i>C</i>	<i>Soiled can opener blade. All food contact surfaces MUST be cleaned & Sanitized routinely to prevent contamination. Remove ALL food debris.</i>	<i>cleaned dish tank</i>
<i>5-202.13</i>	<i>C</i>	<i>Spray arm @ 3 comp. sink in dish area hangs below flood rim. MUST provide 2" air gap to prevent cross-connection. Provide new spring OR tie spring up.</i>	<i>spring tied to metal shelf</i>
<i>5-203.14</i>	<i>C</i>	<i>Spray nozzle on hose @ mop sink. No shut off valves may be down stream from atmospheric vacuum breaker. Remove spray nozzle OR entire hose if w uses OR provide pressure vacuum breaker.</i>	<i>removed nozzle from hose</i>
<i>Non-Critical Violations</i>			
<i>3-302.12</i>	<i>NC</i>	<i>Several bulk bins not labeled. All food removed from original container MUST be labeled w/ common name to prevent mis-use</i>	<i>8-304</i>

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>7-27-04</i>
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Oakland County Health Division
Environmental Health Services

INSPECTION REPORT SUPPLEMENT

NAME OF ESTABLISHMENT/FACILITY <i>Salsas</i>	STATE I.D. NUMBER <i>44294</i>
ADDRESS <i>2601 Rochester</i>	

ITEM/RULE NO.	CRITICAL		CORRECT BY
<i>4-602.12</i>	<i>NC</i>	<i>Cookline equipment heavily soiled</i>	<i>8-3-04</i>
		<i>Grease build-up on + around equipment</i>	
<i>4-602.13</i>	<i>NC</i>	<i>Door handles + gaskets to cookline</i>	
		<i>coolers soiled.</i>	
		<i>All surfaces MUST be cleaned +</i>	
		<i>sanitized routinely to prevent contamination.</i>	
		<i>Remove ALL build-up/food debris</i>	
<i>4-501.11</i>	<i>NC</i>	<i>Condensor in beer walk-in leaking.</i>	
		<i>Repair motor. All equipment MUST be</i>	
		<i>in good repair. Empty catch bucket</i>	
		<i>more often until unit is repaired.</i>	
<i>6-301.12</i>	<i>NC</i>	<i>No paper towel in employee restroom.</i>	
		<i>All handinks MUST be stocked @</i>	
		<i>All times to allow paper handwashing.</i>	
<i>NOTES Dishmachine sanitizing, Test strips + thermometers</i>			
<i>provided, Gloves + Bull caps worn, Consumer advisory provided,</i>			
<i>cold + hot holding temps proper.</i>			

RECEIVED BY (PERSON IN CHARGE) <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	DATE <i>7-27-04</i>
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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 Salsas CLIENT # 41731
ADDRESS 2601 Rochester CVT 262
ESTABLISHMENT TELEPHONE NUMBER CERTIFIED MANAGER ON SITE YES NO
CERTIFIED MANAGER'S NAME Abby Michalsky COURSE TITLE Serv Safe
I.D./CERTIFICATE NUMBER 3687401 DATE 12-15-03
CERTIFIED MANAGER'S NAME COURSE TITLE
I.D./CERTIFICATE NUMBER DATE

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

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

Sanitarian & Date See Routine 7-27-04 Certified Manager & Date

Signature of Owner/Manager & Date Position of Certified Manager

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

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 27725 GREENFIELD RD 1010 E WEST MAPLE RD
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(248) 858-1280 (248) 424-7000 (248) 926-3300