| | FOOD SERVICE ESTABLISHMENT INSPECTION REPORT | | | | | | | | |
|--|---|--|---|--|--|--|--|--|--|
| Olive 2415 Poches MANAGER/OWNER | OAKLAND COUNTY HEALTH E GARDON S. POCHESTER 3HER HIISME 27-26-04 12:12 ROVD | FSTABLISHMENT PHONE | ROUTINE INSPECTION FOLLOW-UP ENF. FOLLOW-UP COMPLAINT INVESTIGATION OPENING INSPECTION NEW OWNER YES NO INSPECTION DATE RUN DATE FOLLOW-UP DATE RED. FREQ. YES NO | | | | | | |
| ITEM/RULE NO. | CRITICAL | REMARKS | CORRECT BY: | | | | | | |
| 3-55-40 3-300-11 | C ROU han ROU FOOS UCJETABRS Q 600 UC RO Store All ro And Seper | | elous 410+ to Formine Ubour Chicken basis Ver. Chicken rock. comæler Ods. beneath reaman | | | | | | |
| 3-50/117 | C MIK FAM C NO CLIFE TO ON CLIF DOLE BECHY-TO- 24 hours o | Previous du at Privide a lise Privide hazaro Port foods re Privide to | bur with Date of Porby date DOS FOODS Prigerated Prevent Illnss | | | | | | |
| 2-301,11 | C Employed of Olded of Andring bordishes for the | e, found ut inds on apri dishmachine th solved and ext Employ- ir hands after | iping h. Employee found ormetel d. Clean, by er any clearer | | | | | | |
| WATER **MUNICIPAL **N-SITE VSSN# | SEWAGE YES MUNICIPAL NO ON-SITE ISSUED | LICENSE POSTED YES YES NO | All critical violations corrected: Yes Critical violations not corrected this date: | | | | | | |
| SANITARIAN NAM | . ^{IU#} 21/7 | SEATING CAPACITY | 5-402.13 | | | | | | |
| RECEIVED BY (Person i | n Charge) | P.A. 92 of 2000. Violations cited in this rep within a period not to exceed 10 calendar of | marked above are violations of the Michigan Food Law of 2000, ort shall be corrected within the time frames specified above, but days for critical items (§8-405.11) or 90 days for noncritical items be may result in license suspension and/or other legal action. isted. | | | | | | |

| • | INSPECTION REPORT SUPPLEMENT | |
|---------------------------|---------------------------------|------------|
| NAME OF ESTABLISHMENT | FACILITY STATE I.D. NUMBER | |
| ADDRESS 1015 | G RMhacton | |
| (41) | J. MIRON | |
| ITEM/RULE NO. CRITICAL | chance on contamination. | CORRECT BY |
| | | |
| 460211 | Thoroughly Clean Slicer and | 1-2901 |
| , | Mixer to remove exces | (|
| · | food debas found there. | |
| | Clean at a frequency that will | |
| | prevent contamination | |
| | | |
| 540.136 | PIPE at North Ice, bin in | |
| | Wart Station Rund exending into | |
| | Floor Cup. Cut pipe from ice | 1-29-01 |
| | bin so that it is a minimum | |
| | of 1,5 inches above Ploordrain | |
| | | |
| 33/5/11 NC | Provide a Microsontchat | 129-01 |
| 4-50/11/N | I'ce hin to protect the ice | |
| , 41 | when beverages dre, dispense | Pd . |
| 3-30511 NC | Privide a solish Shield at | 1-29-0 |
| | Sink to protect Simile-Service | - |
| | Hems in Warrard. (NOTE it was | , removed |
| RECEIVED BY (PERSON IN CI | HARGE) INSPECTED BY DATE | |
| | Muchollo Estall 1-23- | - 04 |
| EHS 1-41 (10/00) | PAGE OF | |

| | INSPECTION REPORT SUPPLEMENT | 51236 | \supset |
|-------------------------|---------------------------------------|---|------------|
| NAME OF ESTABLISHMENT/F | FACILITY | STATE I.D.NUMBER | |
| Olive | Carden | 24149 | |
| ADDRESS O | 5 S. R.Mhester | | |
| | | · | |
| ITEM/RULE NO. CRITICAL | Thoroughly Chain an | ea | CORRECT BY |
| 4-602,BNC | beneath dipper well | 70 | Trected |
| 5-205111 NC | remove spilled water | ron | CHOIN |
| | shelf found pooling th | eir | cano |
| | · · · · · · · · · · · · · · · · · · · | | |
| 4-602.11E | | remour | |
| | concosion taind in the | e upper | 1201 |
| | Thener and site w | allin | |
| | the ice machine | • | |
| | 1 1 | | |
| ' OC | Provide Missing b | and ' | COTTELL |
| | Splash Shield their | meter | changen |
| | Oit Walt Station C | oolen. | |
| | A | | |
| 3-3851 N | Fremoce milks halfer | alt | Correcty |
| | container in the ide | binat | move |
| | | It store | |
| | Items in ice used for | CONSUMP | NO |
| | | | |
| | | | |

EHS 1-41 (10/00)

RECEIVED BY (PERSON IN CHARGE)

INSPECTED BY

| NAME OF ESTABLISHMENT/FACILITY | STATE I.D.NUMBER |
|--|------------------|
| Chille Garden | |
| ADDRESS 2615 S. ROCHESTEY | |
| agr) or pooresier | |
| ITEM/RULE NO. CRITICAL Sharzughly clean 501 | CORRECT BY |
| Locality applied to the over | 100 A |
| 6-50/119 ceiling bents in are | 000 |
| CFACE | |
| | |
| 5-205,15 NE Repair Leaky Values | 27 1-29-01 |
| | |
| dishMachine Spray o | orm area |
| | |
| 150/11 UCREPLACE Broken MISS | 1-29-04 |
| PPT Wint shields above | 110/1/10/1/10 |
| MINH Shelds Chove | CIGNMUCITAX |
| | , |
| e-solive Replace Missing | SDacer. 3234 |
| at the exhaust he | 177 |
| Con The Cappaine | <i>J</i> |
| | |
| | |
| | |
| | |
| | |
| | , |
| | |
| | |
| | |
| | |
| RECEIVED BY (PERSON IN CHARGE) INSPECTED BY 1 00 4 1 1 DAT | F |
| The Beson Minhell Estell | 1-23-24 |
| EHS 1-41 (10/00) PAGE | |

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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

0-25-04257:68-8070

OUTBACK STEAKHOUSE 1880 ROCHESTER ROCHESTER HILLS

ALICIA KLOUSE/2277145

MANAGER/OWNER

RD M T 48309 262

ESTABLISHMENT PHONE

FROUTINE INSPECTION

FOLLOW-UP

☐ ENF. FOLLOW-UP ☐ COMPLAINT

☐ INVESTIGATION

STATE I.D. 043684

CLIENT NO. 01024529

☐ OPENING INSPECTION

NEW OWNER ☐ YES ☐ NO INSPECTION DATE_ &-16-04

2-16-64 NSDI_ 07/05/04 RUN DATE FOLLOW-UP DATE RED EREO

248-650-2521

| | | RED, FREQ. YES NO | |
|---------------|----------|---|------------------------------|
| ITEM/RULE NO. | CRITICAL | REMARKS | CORRECT BY: |
| 4-703.11 | C | Sanitization of dishes, utensils etc must take place. | Correcte |
| | | Es: The hot water sanitizing dishwasher failed heat | Beoten |
| | | tape test twice. Until connected it will be | herter tinuel |
| | | required to mountly sanitize all washed items | Cir |
| | - | in 200 Quits. Poester heaten was off | |
| 5-203.14 | | | (0000) |
| | | water supply must be prefected from backflow. F3: At the clishwash station has a spry north attacked duenstream from the atmospherie vacuum breaken | Connected |
| | | Proportion of the House of the Market | spray rettle Restouech |
| | | CONTINUENT THE NITTUS PAINCE DECUME PRESERVE | - Movey |
| 5-205.11 | N | Handunshim stations must be easily accessible E: The | €-16-09 |
| | | handsinks at week line and he the men men | |
| | | Handunshing stations rust be easily accessible to: The handsinks at week line and by the prep area along back wall are obstaucted. Reyork obstauctions | |
| 5-203.14 | | | Connecte |
| | | Time four the overhead story unit extends into | By |
| | | The four the overhead strang unit extends into the Acer Anni. Provide on sin gap 2 x pine willh | Ringerp. |
| 3-305-11 | 1 | | E-16.09 |
| | | (1) In the clas steamer para bilk steamer items pro | |
| | | Focds must be protected from continuation. Is! OIn the chy storge ones bilk storge items one incovered. (1) Rice on trays one stacked without bouriers. Previole list lists and borniers | |
| | | branience Promole l'ise liebs and parniene | |
| | | | |
| WATED | | MANACER CERTIFIED LICENSE | |

| WATER | X | SEWAG | = | MANAGER (| CERTIFIED | LICE POS | NSE TED | ANTI-CH TECHNIQUE | | Critical violations cited: ✓ Yes □ No |
|----------------------|----------|-----------|---|-----------|-------------|---------------|------------|----------------------|---------------------------------------|--|
|)N-SITE | | MUNICIPAL | X | NO | | YES | | YES | | All critical violations corrected: X |
| VSSN#AMPLE COLLECTED | · 🗆 | ON-SITE | | ISSUED 17 | <u>7403</u> | NO | | МО | | Critical violations not corrected this date: |
| SANITARIAN | INAI | ME | I | D# | 298 | SEATI | NG CAPA | .CITY 254 | · · · · · · · · · · · · · · · · · · · | |
| JOHN-BRA | 000 | СК | | | | NON-S AREA | MOKING | YES 🛣 | NO 🗌 | N/A |

(Person in Charge) 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.

| IAME OF ESTABLISHMENT/FACILITY | STATE I.D.NUMBER |
|--------------------------------|------------------|
| Octhack Steakhouse | 436811 |
| DDRESS 1880 Rocheston | |

| ITEM/RULE NO. | CRITICAL | | CORRECT BY |
|---------------|---|--|------------|
| 3-501.15 | N | Ice boths must be adminte to: Ice both at | E-16-CV |
| | | cent return on better of pan. Keep the ice | |
| | | baths at product level | |
| | | | |
| 4-502.11 | N | Thermoretors must be preperty scaled. B. At | |
| | | the bon coelen a thenrometer is scaled 50-55 | CV |
| | | Provide a therroreter scaled C-220CF 12° | |
| | | | |
| 4-602.13 | N | Non-ford contact sintages must be kept | 9-16-64 |
| | | class. Eg: In the box weter a heavy i've | |
| | *************************************** | build-up is present. Detrust freeze | |
| | | | |
| 6-501.12 | N | Cealls rust he kent clean &! The wall by | 9-16-04 |
| | | the shring states & welen his accordated | |
| | | restarial Clain until & conclit lines | |
| | | | |
| | | lealk-in well organized | |
| | | No temperature violations | |
| | | | |

| RECEIVED BY (PERSONIN CHARGE) | INSPECTED BY | DATE |
|-------------------------------|---------------|---------|
| Andy lite | Holit Harsleh | €-16-01 |
| EHS 1 41 (10/00) | 7 05 7 | |



CONSUMER ADVISORY STATUS VERIFICATION

| NAME | OF E | STABLISHMENT_ | Octback | Steshwese | CLIEN | IT #/ | 274579 |
|----------|----------------|--|---|---|---|------------------------------------|--|
| ADDR | ESS_ | 1880 | Rochesten | | CVT_ | 260 | <u> 224579</u> <u> 2</u> |
| DOES | FACI | ILITY OFFER RAV | W OR UNDERCOOK | ED ANIMAL-BASED | FOODS? | XES | NO |
| IF YES | S, BO | TH A DISCLOSUR | LE AND A REMINDE | R ARE REQUIRED | | | |
| DISCI | Losui | RE VERIFICATIO | N (one of these options | s must be utilized-ched | ek which option | has been cl | hosen): |
| List all | Place the r | e an asterisk next to menu item appears. Tain raw or undercool | the food item requiring The footnote must indicated ingredients; or may closure: | disclosure, directing the ate that asterisked items be requested undercool | e reader to a foot s are served raw | tnote <u>on the</u> or undercoo | bottom of the page where ked; contain or may |
| Do all | the abo | ove listed items have | the required disclosure | ? | | YES | NO |
| REMI | NDER | R VERIFICATION | (one of these options n | nust be utilized-check | which option ha | as been cho | sen): |
| | footr | Regarding the safe Administration's n Consuming raw or (Foods that are no Consuming raw or | ot offered may be omitted | y brochure is preferred oultry, seafood, shellfish d from verbiage) oultry, seafood, shellfish | written informa n, or eggs may in n, or eggs may in | tion.) ncrease your | risk of foodborne illness. |
| | | item requiring disclo Notice: Consuming foodborne illness. Notice: Consuming | verbiage used): You mesure appears. g raw or undercooked mesure not offee g raw or undercooked mesure are not offee g raw or undercooked mespecially if you have a | neats, poultry, seafood, ered may be omitted fro neats, poultry, seafood, | shellfish, or egg m verbiage) shellfish, or egg | s may increas | ase your risk of |
| | | chure option (check United States Food | A Questions and Answer brochure that is used) and Drug Administration Conference | : ion Model Consumer A | dvisory Brochu | re | |
| | | | us must comply with bot If review menus prior to | | | | Facilities are encouraged |
| Sanitari | ian | Ju - April | Person-in-Ch | narge | | | Date |
| | | ounty Health Division w y requirements apply for | ill not deny participation in r certain programs. | its programs based on rac | e, sex, religion, na | itional origin, a | age or disability. State and |

FoodForm/ConsumerAdvisoryStatus/2004/32

PONTIAC MI 48341-0432

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YELLOW = FACILITY

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

27725 GREENFIELD RD

SOUTHFIELD MI 48076-3625



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

| the facility's food service license. | rtified manager by that date, action will be taken against |
|--|--|
| NAME OF ESTABLISHMENT Octhock | Steph House CLIENT # 1024579 |
| ADDRESS 1800 Rochest | |
| ESTABLISHMENT TELEPHONE NUMBER 246-650 | ~2521 CERTIFIED MANAGER ON SITE; YES NO |
| CERTIFIED MANAGER'S NAME Alicia Ki | |
| I.D/CERTIFICATE NUMBER 2771/9 | , , |
| CERTIFIED MANAGER'S NAME JACK A | |
| I.D/CERTIFICATE NUMBER 30795 | 57 DATE 6-19-02 |
| sanitation as they apply to the individual employee's the following: Must be a full-time employee at this facility. Must be able to make decisions regarding work properties. Must develop a formal education program and trained. Time/Temperature Abuse 2. Personal Hygical Must monitor employees to ensure safe food handled operating procedures. Implement food safety practices in this facility. Extime/temperature logs and/or quality assurance chese Review health inspections to ensure critical violating time frames for corrections. Monitor facility for volume Model proper food safety behaviors acting as a role of the Certified Food Service Manager leaves the face that Manager is the face of the certified Food Service Manager must be employed. | n employees on the three main causes of foodborne illness: ene 3. Cross Contamination ling procedures. Periodically review and update facility's standard examples would include cleaning/maintenance schedules, ecklists. eons are corrected. Review findings with area sanitarian and discuss iolation trends. e model at this facility. accility, Oakland County Health Division must be notified and a new d at the facility within 90 days. |
| Sanitarian & Date | Certified Manager & Date |
| In/a lock | MOR |
| 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 ES | TABLISH | IMENT INSPE | CTION REPORT | |
|--------------------------|-----------------------|--|---|---|--|---|
| | 1200 N | COUNTY HEALTH D TELEGRAPH R C, MI 48341- | D | | ROUTINE INSPECTION FOLLOW-UP | CLIENT NO. 65462148 |
| | ACE GOLF | • | VYJZ | $\bigvee \bigvee$ | ☐ ENF. FOLLOW-UP ☐ COMPLAINT ☐ INVESTIGATION | STATE I.D. 024137 |
| | INE TRACE ER HILLS | 8D MI 483 | 09 | CVT# 262 | ☐ OPENING INSPECTION NEW OWNER ☐ YES NO INSPECTION DATE 16-2 | 0-04 AM 16 |
| MANAGER/OWNER LISA HE | NSLER WIL | LIAMS/931368 | | LISHMENT PHONE 852-7100 | NSDI 4-20-05 | - A.W. A. |
| | | 10-22-04 | 4A10:58 R | CVD | RUN DATE | |
| ITEM/RULE NO. | CRITICAL | | | REMARKS | | CORRECT BY: |
| | Vio | Litims com | ectel fr | enpraises in | rgedien: Sesket | places |
| | | XCCI | TICA | LVFOLI | 477ons* | |
| 2-401.11 | 1 1 3 | fi r | | . / | @ cookline, ALC | Discordal |
| | em Fa | y loxec bes- m ALL floor | 111 - 1 | 2007 he STOS Contact item | | / Donk |
| 3-301.11 | CEn | J | . 1 | hands to | 1 // 1 | 10-79-04 |
| Regret 2X | 0.0 | cokline. A | | hand con | 1 | |
| 3-3-02.11 | CA) (| Tool, M. | 7 | Sarefon BE | <u>kensils, deli tissue</u> 3 a savce | > myred |
| segent 2x | C 30 | an steck | stuced | rest to p | i " |) to |
| U , | AL | | 1 1 | educt mis | 11 | y storge |
| | An | be str | 17 | / / | Kofflen. | |
| 3-50/,16 | C Sa | 1 1 1 | @524 | ALLpote | stially be good | is Discord |
| | Fuc- | 1 most be | 1/400 | below to | rever bacterial | SHE |
| | Sour | Crech + | Temps Carak | dressings | Discarded Portose | |
| | Unit | for potent. | sally ha | tarlas for | luntil @415, | |
| 3-6-311 | CIA | | simo | advisory or | Menu, MUST | 10-29-04 |
| | bot | ton of me | Ked to C | res. 41/1 | ze stickeson | |
| | re | point men | J | | | |
| WATER AUNICIPAL | SEWAGE | MANAGER CERTIFIED YES 🙀 | LICENSE POSTED | ANTI-CHOKING TECHNIQUES POSTE | Critical violations cited | l: 🔽 Yes 🗌 No |
|)N-SITE | MUNICIPAL X | NO | YES 🕱 | YES NO | All critical violations co | - |
| SANITARIAN NAI | A | 222 | | 7-7 | Critical violations not o | orrected this date: |
| BALLARD | VIE | D# 203 | SEATING CAPA NON-SMOKING AREA | | 3-603.11 | |
| RECEIVED BY (Person i | SPYINA | I with any violation noted. | P.A. 92 of 2000 within a period (§8-406.11). Fa | Violations cited in this re not to exceed 10 calendar | is marked above are violations of the laport shall be corrected within the time r days for critical items (§8-405.11) or tice may result in license suspension are listed. | frames specified above, bu 90 days for noncritical items |

INSPECTION REPORT SUPPLEMENT

| NAME OF ESTAB | LISHMENT/F | ACILITY | STATE I.D.NUMBER | | |
|---------------|------------|-----------------------------------|------------------|--|--------|
| Pine T | Tace | Gelf Clb | 24137 | | |
| | | | | | |
| 3600 | (rine | Trace | | | |
| |) | | | 1 | |
| ITEM/RULE NO. | CRITICAL | | | CORR | ECT BY |
| 4-6211 | C | Soilel can opener blade. MST a | lean + | clea | nel |
| | | Sanitize can operar rutinely to | | | |
| | | bildep. | | | |
| 7257.11 | | Engloyeemedicine Storal on sh | elfelore | Mor | ed to |
| | | fre area MUST StreALL med | | 100 M | han |
| | | in designated are any friater | | | |
| | | Mn-Citical Vidations | | | |
| 2-42,11 | NC | Employees not wearing hair covers | | 10-2 | 904 |
| | | employees handling exposed for | • | 1 : | |
| | | distes must wear hats hairne | | 1 1 | |
| 3-3a.// | NC | Food on digday for customer son | • | \ | |
| | | not shielded. All feel on display | | | |
| | | potental from gratacel + Custom | , | ion | |
| | | Cover food or provide shelds | o vorb | | |
| 3304,14 | NC | No sanitizer in wiping cloth be | ckte | | |
| Repent | | but MUST be 50-100 your chloring | | and depth district in the state of the state | |
| - | | quate to Sanitize properly Change | solution. | | |
| 3-304.13 | NC | Towel used to cover lettuce in | . cooler. | | |
| | | Dr NOTUSE absorbent materials | indicet | 1 | |

| RECEIVED BY (PERSON IN CHARGE) | INSPECTED BY | 10-20-24 |
|--------------------------------|--------------|----------|
| EHS 1-41 (19/00) | PAGE 2 OF 3 | |

INSPECTION REPORT SUPPLEMENT

| NAME OF ESTA | | r I | STATE I.D.NUMBER | |
|---------------|----------|--|------------------|--|
| line 1 | - 10c | -Golf Clb | 24137 | |
| ADDRESS | 0: | | | |
| 5600 | KINE | TRICO | | |
| ITEM/RULE NO. | CRITICAL | | _ | CORRECT BY |
| | | W Fool, MUST Utilize Smooth, n | on essent | |
| | | easily cleanable sortaces, MUST | | ł |
| 462.13 | x)C | One dow freezer gaskets + in | ~ | 1029-04 |
| | | wited. Remove ALC build-ep. C. | , | |
| | | Sanitize equipment ractinely. | | |
| 4-93.11 | NC | Sinde service ; tens streling | Aside | |
| | | strage run must be storelin | | |
| | | plastic baggit arrives in. This | | |
| | | NOT approved for storage of en | | Table to the state of the state |
| | | Single use items. Keepitens fate | | |
| 6-22.11 | NC | Lights to firstures in outside | | |
| | | run Wo Shields, Proside paper s | | |
| | | hills to grevent breakage | | 44 |
| 6-31.12 | NC | No paper tuel @ restrumber | rdsnK | |
| Reset | | MUST Kep hardsinks fully stocker | | \bigvee |
| , | | | | |
| | | | | |
| | | water Distractive Sanitizing, test | strips+the | mineks |
| · | | exided, progradate marking observes | (, | |
| | | posided, pyer date marking observed to 1/w-up on 10-29-047 | | |

INSPECTED BY

EHS 1-41 (10/00)

PAGE 3

DATE

10-20-04



CONSUMER ADVISORY STATUS VERIFICATION

| DEPART | ENT OF HUMAN SERVICES |
|--------------------------------|--|
| NAME | OF ESTABLISHMENT (IN Trace Golf Club CLIENT # 462145 |
| ADDR | ss 3600 PireTrace CVI 262 |
| DOES | ACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? YES NO |
| IF YES | BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED |
| DISCI | OSURE VERIFICATION (one of these options must be utilized-check which option has been chosen): |
| List all | Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food. Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page we 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. |
| Do all t | e above listed items have the required disclosure? |
| REMI | 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 illr (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 illr 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 sub to have Sanitari | equent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encoural invironmental Health staff review menus prior to printing to avoid any unnecessary reprinting costs. |
| The Oak federal e | " Ind County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State are spibility requirements apply for certain programs. |

FoodForm/ConsumerAdvisoryStatus/2004/32

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432

WHITE = FILE

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

1010 E WEST MAPLE RD

YELLOW = FACILITY

27725 GREENFIELD RD

(248) 424-7000

SOUTHFIELD MI 48076-3625

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

PONTIAC MI 48341-0432

(248) 858-1280



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 FIRE TREE (| 501FCLb CLIENT # 462198 |
|---|---|
| ADDRESS 3600 Pine Trace | сvт <u>26</u> д |
| ESTABLISHMENT TELEPHONE NUMBER | CERTIFIED MANAGER ON SITE: (VES) NO |
| CERTIFIED MANAGER'S NAME Shirley Rober | ten course title Sen Safe |
| I.D/CERTIFICATE NUMBER 3765384 | DATE 3-2-04 |
| CERTIFIED MANAGER'S NAME | COURSE TITLE |
| I.D/CERTIFICATE NUMBER | DATE |
| 1. Time/Temperature Abuse 2. Personal Hygier Must monitor employees to ensure safe food handling operating procedures. Implement food safety practices in this facility. Exactime/temperature logs and/or quality assurance check Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation Model proper food safety behaviors acting as a role | employees on the three main causes of foodborne illness: ne 3. Cross Contamination ng procedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules, eklists. ns are corrected. Review findings with area sanitarian and discus plation trends. model at this facility. eility, Oakland County Health Division must be notified and a ne |
| Sanitarian & Date X hynyl/ MIA | Certified Manager & Date |
| Signature of Owner/Manager & Date | Position of Certified Manager |
| The Oakland County Health Division will not deny participation in its p | rograms 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.

(248) 858-1280

27725 GREENFIELD RD SOUTHFIELD MI 48076-3625 (248) 424-7000 1010 E WEST MAPLE RD WALLED LAKE MI 48390-3588 (248) 926-3300

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT OAKLAND COUNTY HEALTH DIVISION 1200 N TELEGRAPH RD ROUTINE INSPECTION CLIENT NO. 00041326 ☐ FOLLOW-UP PONTIAC. MI 48341-0432 STATE I.D. ☐ ENF. FOLLOW-UP 043572 ☐ COMPLAINT PIZZA PAPALIS ☐ INVESTIGATION 54 W. AUBURN RD ☐ OPENING INSPECTION ROCHESTER HILLS 48307 262 NEW OWNER ☐ YES ₺NO INSPECTION DATE_ **ESTABLISHMENT PHONE WANAGER/OWNER** DAVID W000/3383056 248-852-7272 10-05-04A10:27 RCVD RUN DATE FOLLOW-UP DATE NOT (494) 15 RED. FREQ. YES 🗆 ITEM/RULE NO. | CRITICAL REMARKS ton presides inspections 3-302.1 Cold MANAGER CERTIFIED LICENSE ANTI-CHOKING WATER Critical violations cited: Yes ΠNο SEWAGE **TECHNIQUES POSTED** POSTED X IUNICIPAL X YES All critical violations corrected: N-SITE MUNICIPAL NO YES YES ON-SITE X /SSN# ISSUED... NO NO Critical violations not corrected this date: AMPLE COLLECTED ... 215 SANITARIAN NAME SEATING CAPACITY ID# NON-SMOKING YES 🛚 NO 🗌 LAWSON AREA NSPECTED BY Based on an inspection this day, the items marked above are violations of the Michigan Food Law of 2000, P.A. 92 of 2000. Violations cited in this report shall be corrected within the time frames specified above, but within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items RECEIVED BY (Person in Charge) (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action.

ou have the right to appeal any violations listed.

This signature does not imply agreement or disa

INSPECTION REPORT SUPPLEMENT

| NAME OF ESTA | BLISHMENT/F | FACILITY | STATE I.D.NUMBER | |
|------------------------------|---|--------------------------------------|------------------|------------|
| ADDRESS | Par | a/is | 43572 | |
| ADDRESS 4 | | | | |
|) (~ | + FJUI | <u> </u> | | |
| ITEM/RULE NO. | CRITICAL | Year lids closel @ stou time | es, potrte | CORRECT BY |
| | | Stock routinely after hinch/a | • | |
| | | more potentially hazardas forms | | |
| | | to another coder to rapidly cool a | | |
| | | NOT cover container + gread pr | | |
| | | at into thin layers. Unit holding a | | |
| 3-801.17 | | Improper missing date marking | observed | Itens |
| -tushahida u danaman u u u u | | All ready to ent, potentially ! | | STET T |
| | - | tood light over 24 hs. MUST he | date | |
| | | marked of "useby" date no mar | | |
| | | 7 days including proof open date | | |
| | | Use gro date begind itens inch | sk gensl | |
| | | lunch meats, content noodles, conte | | |
| 7-201.11 | | A) Chanical Spray bettles harging as | bore clean ' | Contine |
| | | distes in main Kitchen | - |) horse |
| | | B) buttle of bleach stire on top | of dish | Streng |
| | | machine on Sonitized Side | | Jarez |
| | | c) Chemical spray bottles strellha | igin above | / |
| | *************************************** | clear distos in pizza Kitchen | | |
| | | All chanicals MI be store | Lolast | |

INSPECTED BY

PAGE_

DATE

RECEIVED BY (PERSON IN CHARGE)

EHS 1-41 (10/00)

INSPECTION REPORT SUPPLEMENT

| NAME OF ESTABLISHMENT/F | ACILITY | STATE I.D.NUMBER | | |
|-------------------------|---|------------------|--------|---|
| PIZZZ Pa | na_lis | 43572 | | |
| . | | | | |
| 54 W. A | hin | | | |
| | | | 1 | |
| ITEM/RULE NO. CRITICAL | asial for All for A food o | entar + | CORREC | CT BY |
| | away from ALL food food of items & ALLtimes | | | *************************************** |
| | 11675 61/00/11/10 | | | |
| | | | | |
| | Non-Critical Violation | 2.5 | | |
| 240211 NC | Employees not wearing properh | | 10-7- | -04 |
| | Allendyees working we expose | 1 fort | | |
| | or clear distos MoTwear hat, h | | | |
| 2 21/11/11/ | | - | | |
| 3-304114 NC | Wigin cloths strel on counter | | | |
| | wiping clothes MIST be STORE | | | ······································ |
| | Smititer Solution blu uses, lavie | Je brekit | | |
| 454.11 NC | A) Walk-in Frozzer dar afice | builder | | |
| | not allowing it to felly close | ď | | |
| NC | B) Drzin line @ Soda gun hola | ler missina | Cyra | 1 |
| | Keep All equipment in sociol rgs | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | Freezer. Keep drains phoseolinho | | , | |
| 4-20216 NC | Towels order cutting board. M | St privide | | |
| | Smooth, non-absorbant Surfaces | s. Utilize | | |
| | report, | | | |
| 6-501.113 NC | A) Extension Cord stanton food in | la strace | 7 | |
| NC | Bladder stred of Jean dishes | ory - Roya | | |

| RECEIVED BY (PERSON IN CHARGE) | INSPECTED BY | 72 | DATE |
|--------------------------------|--------------|----|---------|
| 2 mm | an I | | 9-29-04 |
| | 7 | 11 | |

EHS 1-41 (10/00)

PAGE ______ OF ______

| NAME OF ESTAE | | | STATE I.D.NUMBER | |
|-----------------|------------|--|------------------|-----------|
| ADDRESS | = 12 | andi 5 | 43572 | |
| ADDRESS | | | | |
| | No H | then | | |
| TEM/RULE NO. | CRITICAL | | 1 / | CORRECT B |
| | | Store All maintenance i | ters below | |
| | | taxy from All food for | dootect | |
| | | litens, | | |
| -30/11/12 | - NC | A) Son dispensió @ Soledone | baken | 107-04 |
| , | NC | A) Soup dispensor @ Soledpop B) No Soupl gaper twel @ bar h | masint | |
| | | ALL hardgaks MET be for | Ily staked | |
| | | + accessible @ ALL times. M | Zoniter | |
| | | SINC ratinely. | | |
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| <u> </u> | | | | |
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| | | 1 Ho Dishnoching Smitizin. | mac Knowley | Ser Ne. |
| | | Note Districtive Soritizing, test stips + themoretes provided | 1 | |
| | | TOP Styst the menetes frome | | |
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| | | | · | |
| RECEIVED BY (PE | RSON IN CH | ARGE) INSPECTED BY | DATE | |
| × / [| | - Sea pro | 7-29-64 | |
| IS 1-41 (10/00) | | PAGEOF | | |



CONSUMER ADVISORY STATUS VERIFICATION

| NAME | OF ESTABLISHMENT PIZZE Populis | CLIEN | nt # <u>4/</u> (| 326 | |
|----------------------|--|--|---|---|------|
| ADDRI | ess 54 hi Achen | _CVT_ | 262 | | |
| DOES : | FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOOD | S? | YES | NO | |
| IF YES | , BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED | | | | |
| DISCL | OSURE VERIFICATION (one of these options must be utilized-check which | h option | has been o | chosen): | |
| □ □ List all : | Each item can include the disclosure, that the food item is, or contains, a raw of Place an asterisk next to the food item requiring disclosure, directing the reader the menu item appears. The footnote must indicate that asterisked items are ser contain raw or undercooked ingredients; or may be requested undercooked; or food items that require disclosure: | to a foor | tnote <u>on the</u> or underco | bottom of the page whoked; contain or may | ere |
| Do all tl | ne above listed items have the required disclosure? | | YES | NO | |
| REMIN | DER VERIFICATION (one of these options must be utilized-check which of | option h | as been cho | osen): | |
| | Footnote option (check verbiage used): Place an asterisk alongside items required footnote on the bottom of each page that states: ☐ Regarding the safety of these items, written information is available upon Administration's model consumer advisory brochure is preferred written. ☐ Consuming raw or undercooked meats, poultry, seafood, shellfish, or egg (Foods that are not offered may be omitted from verbiage). ☐ Consuming raw or undercooked meats, poultry, seafood, shellfish, or egg especially if you have a medical condition (Foods that are not offered may be option (check verbiage used): You must place a "Notice" on the first | n request i informa gs may ir gs may ir ay be om | (*United , ution.) ncrease you ncrease you itted from v | States Food and Drug or risk of foodborne illnes or risk of foodborne illnes overbiage). | ess, |
| | first item requiring disclosure appears. Notice: Consuming raw or undercooked meats, poultry, seafood, shellfis foodborne illness. (Foods that are not offered may be omitted from verbit Notice: Consuming raw or undercooked meats, poultry, seafood, shellfis foodborne illness, especially if you have a medical condition. (Foods that verbiage) | h, or egg <i>age)</i> h, or egg | s may incre | ease your risk of | - |
| | Placard option: See MDA Questions and Answers on Consumer Advisory Brochure option (check brochure that is used): ☐ United States Food and Drug Administration Model Consumer Advisory ☐ Interstate Shellfish Sanitation Conference Brochure for Raw Oysters and | Вгосни | re | | |
| Any sub: | sequent reprinting of menus must comply with both aspects of the Consumer Adv Environmental Health staff review menus prior to printing to avoid any unneces | visory rec sary repr | quirement. inting cost | Facilities are encourag s. | ed |
| Sanitaria | Person-in-Charge | - | | Date | |
| Ehr Orti | | | | | |

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

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YELLOW = FACILITY

PINK = SANITARIAN



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 Page | 1's CLIENT # 41326 |
|--|---|
| ADDRESS 54 W. Albron | cvt262 |
| ESTABLISHMENT TELEPHONE NUMBER | CERTIFIED MANAGER ON SITE: YES NO |
| CERTIFIED MANAGER'S NAME David Woo | course title Sey Safe |
| I.D/CERTIFICATE NUMBER 3383656 | DATE 3-26-03 |
| CERTIFIED MANAGER'S NAME | COURSE TITLE |
| I.D/CERTIFICATE NUMBER | DATE |
| Must monitor employees to ensure safe food handlin operating procedures. Implement food safety practices in this facility. Exa time/temperature logs and/or quality assurance check Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violating Model proper food safety behaviors acting as a role in | employees on the three main causes of foodborne illness: e 3. Cross Contamination g procedures. Periodically review and update facility's standard mples would include cleaning/maintenance schedules, klists. as are corrected. Review findings with area sanitarian and discuss lation trends. model at this facility. ility, Oakland County Health Division must be notified and a new |
| San Dalta 92904 | |
| Sanitarian & Date | Certified Manager & Date |
| ///m | OUNE |
| Signature of Owner/Manager & Date | Position of Certified Manager |

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

federal eligibility requirements apply for certain programs.

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

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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 CLIENT NO. MROUTINE INSPECTION 00041994 1200 N TELEGRAPH RD ☐ FOLLOW-UP PONTIAC, MI 48341-0432 STATE I.D. ☐ ENF. FOLLOW-UP 024079 □ COMPLAINT R JS PUB ☐ INVESTIGATION RO 288 W. TIENKEN ☐ OPENING INSPECTION ROCHESTER HILLS MI 48306 262 CVT# NEW OWNER ☐ YES ☐ NO INSPECTION DATE **ESTABLISHMENT PHONE** MANAGER/OWNER TOD ANDERSON/3191070 248-652-0500 NSDI 08/05/04 **RUN DATE** 10-11-04A09:02 RCVD FOLLOW-UP DATE NOT NO 🖾 RED. FREQ. YES 🗌 ITEM/RULE NO. CRITICAL CORRECT BY: ITEMS CORNECTED SINCE THE ITST Fellow USD INSpection DITLEE dRINKING 18W1185 READ SCREEN door. -101.1 NC /Ector NC Scoon IM DATOER CPEG55 NO Camming ANITIZING to60 bat LICENSE MANAGER CERTIFIED ANTI-CHOKING WATER Critical violations cited: Yes SEWAGE POSTED TECHNIQUES POSTED X X **JUNICIPAL** YES All critical violations corrected: Yes MUNICIPAL DN-SITE X NO YES X YES \Box ON-SITE ISSUED 032402 NO NO VSSN# Critical violations not corrected this date: SAMPLE COLLECTED ... SANITARIAN NAME 218 99 SEATING CAPACITY ID# NON-SMOKING YES 🗌 NO 🗌 LAWSON AREA INSPECTED BY

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.

INSPECTION REPORT SUPPLEMENT

| NAME OF ESTAB | LISHMENT/F | ACILITY | STATE I.D.NUMBER | |
|-----------------|------------|---|---------------------------------------|--|
| | | R J'S BAR | 41994 | |
| ADDRESS | 28 | 88 W. TLENKEN Rochester | • • | |
| ITEM/RULE NO. | CRITICAL | | | CORRECT BY |
| 4-402,13 | NC | The fellowing ARENS ARE IN N | sen of Clerkin | 4/7/09 |
| | | - Clean the Celling tile 1. | <i>Ii</i> . 1 | |
| | | - " underside of 5hE) | If Locuted | |
| | | AboUE The ToploADER | | ···· |
| | | - Clean wall am behin | ud ments N | CER |
| | , | Rostin to lander | 4.0 | ###################################### |
| | | Koretine MELEANING MAINTENCE PROUDING A SANTARY PREP | i | |
| 4-501.11 | NC | | i | 4/7/05 |
| | | hord. Remove all hanging | coulh | |
| | | and KECAUIK aith high TE | // | |
| 6-301.14 | 4 ¢ | No handwishing sign in a | | <u>u</u> |
| W 5011/9 | | | MEUS | 4/1/03 |
| | | (KEST KOOM. DOST SIGN" TO REMIND EMPL | 1 12,525 TO | |
| | | WASh HANDS PRIOD TO RETURN | / : | |
| | | <i>U</i> | | <u></u> |
| | | | | ··· |
| RECEIVED BY (PE | RSÂN INÆH | ARGE) INSPECTED BY DATE | · · · · · · · · · · · · · · · · · · · | |
| Told / | hen | | 0/7/0 | 4 |

PAGE_

EHS 1-41 (10/00)

INSPECTION REPORT SUPPLEMENT

STATE I.D.NUMBER

NAME OF ESTABLISHMENT/FACILITY

| | | R JS BAR 4 | 1994 |
|------------------|------------|-----------------------------|------------|
| ADDRESS | | 288 WI TIENKEN RochEstE | n Hills |
| ITEM/RULE NO. | CRITICAL | -BAR- | CORRECT BY |
| 3-305.11 | NC | DRINK ICE EXPOSED TO DIRECT | 4/7/04 |
| | | Contact with Condinent TR | Ay |
| | | Containers. Install Sepe | nator |
| | | To Completly Sepenate day | c /CE |
| | | from Foreign ITEM Contret | 70 |
| | | protect d'XINIC ICE from | |
| | | possible Contamination AT | BAR |
| 5-205.11 | NC | No Cold water Service TO | 4/7/05 |
| | | BAR HANDSINK, QUIDE Colo | 1 |
| | | WATER SERVICE TO hANDSING | |
| | | TO SACILITATE handwashing | |
| | | | |
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| | | | |
| RECEIVED BY (P | RSON IN CH | ARGE) INSPECTED BY - DATE , | |
| Todd (| De | 3uAZ, 10/ | 7 /04 |
| EHS 1-41 (10/00) | | PAGE OF | , |



CONSUMER ADVISORY STATUS VERIFICATION

| NAME | OF ESTABLISHMENT R J'S BAR CLIENT #CLIENT # | 41994 |
|----------------------|--|---|
| ADDRE | ESS 288 W, TIENKEN KOCKESTER HIBOUT 26 | 2 |
| DOES I | FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? YES | NO |
| IF YES | S, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED | |
| DISCLO | OSURE VERIFICATION (one of these options must be utilized-check which option has been | n chosen): |
| □ □ List all f | Each item can include the disclosure, that the food item is, or contains, a raw or undercooked ani Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the menu item appears. The footnote must indicate that asterisked items are served raw or undercontain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to food items that require disclosure: | the bottom of the page where cooked; contain or may |
| Do all th | he above listed items have the required disclosure? YES | NO |
| REMIN | NDER VERIFICATION (one of these options must be utilized-check which option has been o | chosen): |
| | Footnote option (check verbiage used): Place an asterisk alongside items requiring disclosure of footnote on the bottom of each page that states: Regarding the safety of these items, written information is available upon request. (*Unite Administration's model consumer advisory brochure is preferred written information.) Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase years (Foods that are not offered may be omitted from verbiage) Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase years especially if you have a medical condition (Foods that are not offered may be omitted from the sepecially if you have a medical condition (Foods that are not offered may be omitted from the sequence of the sequence | ed States Food and Drug our risk of foodborne illness. our risk of foodborne illness, |
| | "Notice" option (check verbiage used): You must place a "Notice" on the first page of the mentifirst item requiring disclosure appears. Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may infoodborne illness. (Foods that are not offered may be omitted from verbiage) Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may infoodborne illness, especially if you have a medical condition. (Foods that are not offered in verbiage) | crease 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 | |
| | ssequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement Environmental Health staff review menus prior to printing to avoid any unnecessary reprinting co | |
| Sanitaria | an Person-in-Charge | Date |
| The Oakla | land County Health Division will not deny participation in its programs based on race, sex, religion, national orig | in, age or disabilitγ. State and |

FoodForm/ConsumerAdvisoryStatus/2004/32

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federal eligibility requirements apply for certain programs.

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YELLOW = FACILITY

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

27725 GREENFIELD RD

(248) 424-7000

SOUTHFIELD MI 48076-3625



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| NAME OF ESTABLISHMENT \mathcal{K} 35 | BAR CLIENT # 4/994 |
|--|--|
| ADDRESS 288 WI TIENKS | N Roch. HI/S CVT 262 |
| ESTABLISHMENT TELEPHONE NUMBER 652-0 | CERTIFIED MANAGER ON SITE: YES) NO |
| CERTIFIED MANAGER'S NAME TOOL AND E | RSON COURSE TITLE STRU SOFE |
| I.D/CERTIFICATE NUMBER 3/9/076 | DATE 9/24/02 |
| CERTIFIED MANAGER'S NAME | COURSE TITLE |
| I.D/CERTIFICATE NUMBER | DATE |
| the following: Must be a full-time employee at this facility. Must be able to make decisions regarding work praction. Must develop a formal education program and train 1. Time/Temperature Abuse 2. Personal Hygien. Must monitor employees to ensure safe food handling operating procedures. Implement food safety practices in this facility. Examine/temperature logs and/or quality assurance chectime Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation. Model proper food safety behaviors acting as a role. | employees on the three main causes of foodborne illness: a. Cross Contamination ag procedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules, klists. as are corrected. Review findings with area sanitarian and discuss plation trends. |
| Certified Food Service Manager leaves the factoristic Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager leaves the factorist Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be expected at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be employed at the Certified Food Service Manager must be expected at the Certified Food Service Manager must be expected at the Certified Food Service Manager | |
| Sanitarian & Date | Certified Manager & Date (Ch & F) |
| Signature of Owner/Manager & Date | Position of Certified Manager |

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

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

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT OAKLAND COUNTY HEALTH DIVISION ROUTINE INSPECTION CLIENT NO. 1200 N TELEGRAPH RD 00486574 ☐ FOLLOW-UP PONTIAC. MI 48341-0432 STATE I.D. FILENE, FOLLOW-UP 024145 ☐ COMPLAINT RED LOBSTER RESTAURANT #497 ☐ INVESTIGATION 2825 S. ROCHESTER □ OPENING INSPECTION ROCHESTER HILLS 48306 262 2-20-04 NEW OWNER ☐ YES ☐ NO INSPECTION DATE 12-16-04 **ESTABLISHMENT PHONE** MANAGER/OWNER FREDERICK STORRER/298358 248-299-8090 NSDI 11/05/04 RUN DATE FOLLOW-UP DATE COOP TOOK RED. FREQ. YES 🗆 NO K ITEM/RULE NO. CRITICAL REMARKS CORRECT BY: Corrected violations from Dievious routine 6-3-04 no milk crates used as shelving 4-202.16 0161 4-202.16 observed 4-202.16 3-302-12 of cups on floor in dry tood iters on Floor in dry storage moved to Shelves ice items be stred NC 4-602.13 S. i 12-17-0 IRSI moss. sulaces ANTI-CHOKING MANAGER CERTIFIED LICENSE WATER Critical violations cited: Tyes No **SEWAGE POSTED** TECHNIQUES POSTED X X **JUNICIPAL** YES All critical violations corrected: Yes DN-SITE MUNICIPAL NO YES X YES ISSUED 111903 ON-SITE VSSN# NO NO Critical violations not corrected this date: 3AMPLE COLLECTED SANITARIAN NAME 218 ID# SEATING CAPACITY NON-SMOKING YES X № П AREA 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 BY (Person in Charge) within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11). Failure to comply with this notice may result in license suspension and/or other legal action. You have the right to appeal any violations listed.

ent or disagreement with any violation noted

| NAME OF ESTAE | RI ISHMENT/E | ACILITY STATE I.D.NUMBER | |
|------------------|---|---|------------|
| 1 | | er Restaurant #497 486574 | |
| ADDRESS 2825 | 5,7 | Rochester Robester Hills MI | |
| ITEM/RULE NO. | CRITICAL | | CORRECT BY |
| 6-501.12 | MC , | floor soiled in wich with food & soil | 12-17-04 |
| | 1 | 2) been cooler has spill under shelvings | |
| | | Physical facilities to be cleaned as | |
| | | I ten as no cassary to keep them | |
| | | Clean. | |
| 4-204.112 | NC | thermoneters missing from solad cooler | 12-17-04 |
| *** | *************************************** | and prep coolers on cooklines. All | www.ww. |
| | | machanically refugerated units must be | |
| | | egupped is tha temperature measuring | |
| | | device to monitor ambient temp. Add | |
| 1 7.1 1/1 | NIO | Themometers. | |
| 10-301.14 | NC | no handwash sign at handsink in Side service onea. All handsinks | signs |
| | | į , | Siven |
| | | must be marked with signage remoding employes to work howels- | |
| Notes: | | Facility dean and in good order. | |
| | | All hot temps Above 140°F, cold holding | |
| | ì | below 41°F. Datemarking good. Gloves used, | |
| | | how restraints used. Shall stack tags in place | |
| RECEIVED BY (P | | | |
| EHS 1-41 (10/00) | | 5 PAGE 2 OF 2 | |



CONSUMER ADVISORY STATUS VERIFICATION

| DEPART | MENT OF HUMAN SERVICES | |
|------------------------|--|---------------------------|
| NAME | OF ESTABLISHMENT Red Løbster #497 CLIENT # 486574 | |
| ADDR | ESS 2825 S. Rochester Rochester Hilkovy 262 | |
| DOES | FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED FOODS? YES NO | |
| IF YES | S, BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED | |
| DISCI | OSURE VERIFICATION (one of these options must be utilized-check which option has been chosen): | |
| List all | Each item can include the disclosure, that the food item is, or contains, a raw or undercooked animal food. Place an asterisk next to the food item requiring disclosure, directing the reader to a footnote on the bottom of the page the menu item appears. The footnote must indicate that asterisked items are served raw or undercooked; contain or material contain raw or undercooked ingredients; or may be requested undercooked; or can be cooked to order. food items that require disclosure: | e where |
| Do all t | the above listed items have the required disclosure? | |
| REMI | NDER VERIFICATION (one of these options must be utilized-check which option has been chosen): | |
| /ζ | Footnote option (check verbiage used): Place an asterisk alongside items requiring disclosure directing the reader to 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 Dr 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 (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 especially if you have a medical condition (Foods that are not offered may be omitted from verbiage). | rug illness illness |
| | "Notice" option (check verbiage used): You must place a "Notice" on the first page of the menu or on the page where 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) | e the |
| | 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 | sequent reprinting of menus must comply with both aspects of the Consumer Advisory requirement. Facilities are encountered and the staff review menus prior to printing to avoid any unnecessary reprinting costs. | uragea |
| Sanitaria | an Person-in-Charge Date | |
| The Oakl federal ei | and County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State ligibility requirements apply for certain programs. | and and |

(248) 858-1280 FoodForm/ConsumerAdvisoryStatus/2004/32

PONTIAC MI 48341-0432

BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432

SOUTHFIELD MI 48076-3625 (248) 424-7000

27725 GREENFIELD RD

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

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

YELLOW = FACILITY



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 Lobste | CLIENT 486574 |
|--|---|
| ADDRESS 2825 S. Rochester | cvt262 |
| ESTABLISHMENT PHONE # 299 - 809 (| CERT. MGR. EMPLOYED: YES ON |
| CERTIFIED MANAGER'S NAME Fred Stor | |
| I.D/CERTIFICATE # 298358 | DATE |
| CERTIFIED MANAGER'S NAME Rebecca | Makarwicz course TITLE Soushfu |
| I.D/CERTIFICATE # 306768 | DATE 419/02 |
| | |
| employee leaving employment, the operations shall be compliance with this Code. A food service establishme immediately notify the Oakland County Health Division | not have a Certified Food Service Manager due to the trained allowed a period of not more than three (3) months to regain ent without a Certified Food Service Manager as an employee must |
| LOSS OF CERT. MGR.'S NAME | I.D/CERTIFICATE # |
| Date certified food manager must be replaced by: _ | |
| service establishment. The training shall include the premployee's work assignment". Responsibilities include, Must be a full-time employee at this facility. Must be able to make decisions regarding work praduction program and train 1. Time/Temperature Abuse 2. Personal Hygical Must monitor employees to ensure safe food handling operating procedures. Implement food safety practices in this facility. Exatime/temperature logs and/or quality assurance chese Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation Model proper food safety behaviors acting as a role | actices and health concerns at this facility. The employees on the three main causes of foodborne illness: The end of the employees on the three main causes of foodborne illness: The end of the employees on the three main causes of foodborne illness: The employees of three main causes of foodborne illness: The employees of three main causes of foodborne illness: The employees of three main causes of foodborne illness: The employees of three main causes of foodborne illness: The employees of three main causes of foodborne illness: The employees of three main causes of foodborne illness: The employees of |
| | <u> </u> |
| Signature of Owner/Manager & Date | Position of Certified Manager |
| The Oakland County Health Division will not deny participation in its p | programs based on race, sex, religion, national origin, age or disability. State and |

FoodForm/ArticleIV/DataColandResponsibilities/2004/45

federal eligibility requirements apply for certain programs.

1200 N TELEGRAPH RD DEPT 432, BLDG 36 EAST

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

1010 E WEST MAPLE RD

WALLED LAKE MI 48390-3588

PONTIAC MI 48341-0432

(248) 858-1312

27725 GREENFIELD RD

(248) 424-7190

SOUTHFIELD MI 48076-3625

(248) 926-3300

| | FOOD | SERVICE ES | TABLISH | MENT INSPE | CTION REPORT | |
|---|-------------------|-------------------|-----------------------------|---------------------------------|---|-----------------------------|
| | OAKLAND 1200 N | COUNTY HEALTH D | IVISION D | \ / | ROUTINE INSPECTION | CLIENT NO. 00041841 |
| | PONTIA | C, MI 48341- | 0432 | | ☐ FOLLOW-UP ☐ ENF. FOLLOW-UP | STATE LD. |
| RISTORAN | TE LING | 09-28-04 | P01:56 R0 | CVD \ \\\\\ | COMPLAINT | 024077 |
| 50 W. | TIENKEN | RD RD | 0 r | V) | ☐ INVESTIGATION ☐ OPENING INSPECTION | , |
| ROCHESTE | K MILLS | MI 483 | UC . | CVT# 252 | NEW OWNER ☐ YES ☐ NINSPECTION DATE | 24/04 A.M./P.N |
| MANAGER/OWNER | | ~ 1~ / ~ ~ ~ ~ | | LISHMENT PHONE | 3/34/00 | |
| ANTHUNY | OUKKACCI: | 0/3618231 | Z45= | 552 -9 002 | NSDI | |
| | 12 | 3 | | | FOLLOW-UP DATE | 10 167 |
| | | | | | RED. FREQ. YES N | NO (5) |
| ITEM/RULE NO. | RITICAL | ~ | | REMARKS | | CORRECT BY: |
| | 1 | | | . ' | Kowing INSpeat | Zp |
| | | (m) (| L 1 | _ | SANded Smooth | |
| | | 1 | | - GAN GUARDS | | |
| | | | | / | TOREN Of Floor | |
| | | 4-602.11 - | ≥/1cer u | MENUTED CLEAN | <u> </u> | |
| | 12 | | d | + 1)/ | | |
| 2-222 | 1 // | | | 1 DETICIENCE | ^ | |
| 5-202.13 | / | | y | · . /3 | T FREEZER | |
| | ω . | , | | , 1 | edy tub. Reguio |) E |
| | 11/ | of a diame | / . | | AND PIPE OVER | |
| | The | from the | 1 | vel of Laun | dig very | (Corners) |
| | I P. | 10 CHMINESE | | TABLISH DIR | 1 | 3 |
| | (0) | BASEME | , | 7511Sh 129 | pop Air Jay | |
| 6-301.11 | Ne No | | | BARES have | ISINIC PLOUDE | 9/30/04 |
| 6-301.14 | Sov | 11 3 | / | parture hi | 777 | 1/50/09 |
| | 519, | 1 //: | IND EN | 1 | Junsh hands | |
| | | | ELNING 1 | In Iwaru | - 11 511 7/1110000 | |
| 6-301.14 | ve // | ' 1 1 | Ling Sig | 1 | y Er rest room | 12/24/04 |
| | ha | (1) | st 4/ | e e Va | 1 4 4 1, | , |
| | 77) | REMIND EN | N/021889 | TO WAS ! | houds print To | |
| | RE | turning o | to wie | ic | | |
| | | | | _ | • | |
| WATER | CENAGE | MANAGER CERTIFIED | LICENSE | ANTI-CHOKING | Critical violations cited | d: Xyes 🗌 No |
| AUNICIPAL X | SEWAGE | YES 🔀 NO 🗆 | POSTED YES X | TECHNIQUES POSTEI | All critical violations c | orrected: Yes |
| VSSN# ON-SITE I ISSUED 102003 | | NO 🗆 | NO 🗆 | Critical violations not | | |
| SAMPLE COLLECTED SANITARIAN NAME 218 | | | | 0.74 122 | - | |
| | - [| D# | SEATING CAPA NON-SMOKING | GHY | | • |
| LAWSON INSPECTED BY | | | AREA | YES 🗓 NO 🗌 | | |
| | ZUK | 131 | P.A. 92 of 2000 |). Violations cited in this rep | s marked above are violations of the port shall be corrected within the time | frames specified above, but |
| RECEIVED BY (Barbottin) | Charge) | J | (§8-406.11). Fa | ilure to comply with this not | days for critical items (§8-405.11) or ce may result in license suspension a | |
| This aignature does not imply agreement by disagreement with any violation noted. | | | You have the ri | ght to appeal any violations | listed. | |

| NAME OF ESTAE | LISHMENT | ACH_TY , | STATE I.D.NUMBER | |
|---------------|---|---------------------------------|------------------|------------|
| | | KISTORANTE LINO | 41841 | |
| ADDRESS | | 50 WI TIENKEN Korh. | ester 1/11 | <u>/</u> s |
| | | , | | |
| ITEM/RULE NO. | CRITICAL | | | CORRECT BY |
| 6-202115 | NC | Employee Next Noom doon. | 15 Not | 12/25/04 |
| | | SELF Clusing ENSURE POST | Rown | , , |
| | | door 15 SEH CLUSING TO | PRIVIDE | |
| | | Physical bANKIEN BETWEEN | Kest | |
| | | Noom and The KITCHEN/ LA | n alen | |
| 3-304.12 | NC. | ICE Scop impropely Son | RED. STORE | 9/25/04 |
| | | " IN A DESIGNATED | SANITARY | |
| | | LOCATION TO AVOID (RUSS CON | tomination | |
| | | MAIN KITCHEN | | |
| 4-60413 | NC | GASKETS ON MEACH IN doors are | Soiled. | 12/25/04 |
| , | | Clean The gnokets TO KEEP UN | 1 | |
| | | A SANITARY CONDITION | | |
| 3-3,5,11 | NC | | es Kept | 12/25/04 |
| | | on BAR'S DAINIC ICE. DUSTA | OD INSERT | |
| | *************************************** | TO SepERATE dRINK ICE from y | GREIGN | |
| | | 17Ems To partect drink ice from | 1) 1 |) al |
| 4-302.14 | NC | | | |
| | | a " TO MONITON SANITI | 1 | |
| | | Resi Dual | | |

| RECEIVED BY (PER | SOA IN CHANGE) | INSPECTED BY | DAIE | |
|------------------|----------------|--------------|---------|---|
| - Ja | MAT | -X1421 | 9/25/04 | |
| 6 | | | | _ |
| EHS 1-41 (10/00) | | PAGE OF | | |

| NAME OF ESTAB | | | |
|----------------|---|----------------------------------|-----------|
| ADDRESS | | istorante CINO 4/841 | |
| ADDRESS | | 50 WI TIENKEN Kuchester Hills | |
| ITEM/RULE NO. | CRITICAL | | CORRECT B |
| 4-5011 | NC | Levs & CAUK hanging from CANgry | 12/24 |
| , | | hord. Remove hanging coulk and | 199 |
| | | recell with high Temperature | |
| | | Cuell To RSSP could from felling | |
| | | into find product below | / / . |
| 4-602.13 | NC | Well alse believed Soup STATION | 9/30/0 |
| | | 15 Soiled. Cfrom This will are | |
| 3-501.17 | \mathcal{L} | No Date MARKING on STOCKPOT | |
| | | ford Containers. Date manie all | |
| | | nt to an house of such | |
| | | fords to reflect Sheft life of | UNDERSON |
| | | (7) days at =41° F To minimize | 1 3/ |
| | | WERE purposely dATE MARICED | |
| | | WERE PURELLY CLATE MARICED) | |
| | *************************************** | | |
| | | | |
| | | | |
| RECEIVED BY (P | RSON IN CH | DATE DATE | |
| 10/1 | wW | J1431 9/324/0 | 14 |
| S 1-41 (10/00) | | PAGE OF | |



CONSUMER ADVISORY STATUS VERIFICATION

| DEPARTI | MENT OF HUMAN SERVICES | | | | |
|--|--|--|--|---|---|
| NAME | OF ESTABLISHMEN | IT KISTOR | ANTE LINO | CLIENT # | 11841 |
| ADDRI | ESS | W. J181 | NKEN | CVT 262 | |
| DOES | FACILITY OFFER F | RAW OR UNDER | COOKED ANIMAL-BASEI | FOODS? (VES) | NO |
| IF YES | S, BOTH A DISCLOS | URE AND A REM | IINDER ARE REQUIRED | | |
| DISCL | OSURE VERIFICAT | TON (one of these | options must be utilized-che | ck which option has been | chosen): |
| List all | Place an asterisk next the menu item appear | to the food item res. The footnote mucooked ingredients; | t the food item is, or contains, quiring disclosure, directing the list indicate that asterisked item or may be requested undercook ALS | ne reader to a footnote <u>on th</u> ns are served raw or underco | be bottom of the page where booked; contain or may |
| Do all t | he above listed items h | ave the required dis | closure? | (YES) | NO |
| REMI | NDER VERIFICATIO | N (one of these or | otions must be utilized-check | which option has been ch | iosen): |
| | footnote on the bottom Regarding the Administration Consuming ray (Foods that are Consuming ray especially if you "Notice" option (che first item requiring di Notice: Consum | n of each page that safety of these item is model consumer wor undercooked me not offered may be not offered may be not offered me not have a medical cock verbiage used): sclosure appears. | s, written information is available advisory brochure is preferred teats, poultry, seafood, shellfiste omitted from verbiage) neats, poultry, seafood, shellfistendition (Foods that are not of You must place a "Notice" of ooked meats, poultry, seafood | able upon request. (*United d written information.) sh, or eggs may increase you sh, or eggs may increase you ffered may be omitted from a the first page of the menual, shellfish, or eggs may increase. | Ustates Food and Drug ur risk of foodborne illness. ur risk of foodborne illness, verbiage). or on the page where the |
| | □ Notice: Consur | ming raw or underc | not offered may be omitted from ooked meats, poultry, seafood unhave a medical condition. (F | , shellfish, or eggs may inci | |
| | Brochure option (ch ☐ United States F | eck brochure that ood and Drug Adn | d Answers on Consumer Adv is used): ninistration Model Consumer afterence Brochure for Raw Oy | Advisory Brochure | · |
| | | | with both aspects of the Const prior to printing to avoid any | | |
| Sanitari | an) | Perso | on-in-Charge | | Date |
| | land County Health Divisional County Health Di | | pation in its programs based on ra s. | ace, sex, religion, national origin | n, age or disability. State and |
| BLDG 36 EAST 1200 N TELEGRAPH RD DEPT 432 27725 GREENFIELD RD 1010 E WEST MAPLE RD | | | | | |

FoodForm/ConsumerAdvisoryStatus/2004/32

WHITE = FILE

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

YELLOW = FACILITY

SOUTHFIELD MI 48076-3625

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

PONTIAC MI 48341-0432

(248) 858-1280

(248) 424-7000



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 KISTORANTE | NO CLIENT # 4/841 |
|---|--|
| ADDRESS SO WI TIENKEN | Kuchester Hills CVT 262 |
| ESTABLISHMENT TELEPHONE NUMBER 852- | 9002 CERTIFIED MANAGER ON SITE: YES NO |
| CERTIFIED MANAGER'S NAME AUT NONG | BORRAGOIO COURSE TITLE SONO SOLO |
| I.D/CERTIFICATE NUMBER 36/823/ | DATE 10/20/03 |
| CERTIFIED MANAGER'S NAME | COURSE TITLE |
| I.D/CERTIFICATE NUMBER | DATE |
| the following: Must be a full-time employee at this facility. Must be able to make decisions regarding work praction. Must develop a formal education program and train. 1. Time/Temperature Abuse. 2. Personal Hygien. Must monitor employees to ensure safe food handling operating procedures. Implement food safety practices in this facility. Exact time/temperature logs and/or quality assurance checons. Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation. Model proper food safety behaviors acting as a role. | employees on the three main causes of foodborne illness: ne 3. Cross Contamination ng procedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules, eklists. ns are corrected. Review findings with area sanitarian and discuss plation trends. model at this facility. cility, Oakland County Health Division must be notified and a new at the facility within 90 days. Certified Manager & Date |
| Jan / 4-24-00 | (MER) |
| Signature of Owner/Marlager & 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

| | 1 000 | DELIVIOR ES | IADEIOI | IIVILIAI IIAƏFL | CHON REPORT | |
|----------------------------------|---|----------------------------------|-------------------|--|---|------------------------------|
| | OAKLAND 1200 A | COUNTY HEALTH D I TELEGRAPH R | IVISION D | | ROUTINE INSPECTION | CLIENT NO. 00040981 |
| RIVERCICES | AITMU9 | C, MI 48341- | 0432 | | ☐ ENF. FOLLOW-UP | STATE I.D. 024055 |
| V- 3 T- | ASSN | | | $\vee \chi$ | ☐ INVESTIGATION | |
| 900 W ROCHEST | . AVON | RD MT 403 | A.7 | 747 | ☐ OPENING INSPECTION | |
| KUCHESI | | MI 483 | V. | CVT# 262 | NEW OWNER □ YES □ NO | |
| MANAGER/OWNER | | | FSTAR | LISHMENT PHONE | INSPECTION DATE 10- | 4-04 A.M.(P. |
| ANTHONY | TOCCO/38 | 51029 | | 652 -67 06 | NSDI 4-4-05 | |
| | | | | | RUN DATE 08/35 | |
| | | 10-06-04P0 | 1:39 RCV | D | | AD PERMIC |
| | | | | | RED. FREQ. YES N | OB regué |
| ITEM/RULE NO. | CRITICAL | | | REMARKS | | CORRECT BY: |
| 4-703.11 | Caldis | hmachine | not-sar | ritizing dis | hes at | ash mahne |
| 1000 | | | | 1 | . , , | 6 |
| | TIN | è finspec | | : Chamica | ` i | · |
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| | 50 | - 100pppr | n to s | spiely clo | an clushes. | 50+100vp |
| | 1-A | Just Ma | chie t | o sanitize | At Approved | 4 * 1 |
| | | ets MAch | _ | \ C\ | 7 | |
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| 3-201.17 | 1000 | ened conta | | ves apalot | L . 2. T A | 1500g S |
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| | an | - 0 | Λ : | ζ Λ | and a f | 13/50 Calsa |
| | For | <u>r all read</u> | ly 10 4 | ray foods | 5. 17/04C | |
| | 1 P33 | a Cindine | Ms, an | ry Hen | legs. | |
| 5-205.15 | C res | machine | not ai | , eddbid. | . Oth There | |
| | COLO | un not ex | in a fe | level por | mechion | |
| | 1 1 | wen ik | e duai | | e machine | |
| | 1027 | <u> </u> | | < M | - 1 | |
| | I Wax | 2 sewer (| bain. | Suspende) | pipe so that | |
| WATER | SEWAGE | MANAGER CERTIFIED | LICENSE POSTED | ANTI-CHOKING TECHNIQUES POSTEI | Critical violations cited | : XYes □ No |
| 1UNICIPAL X | MUNICIPAL 🔀 | YES 🔀 | | | All critical violations co | rrected: X Yes |
| N-SITE USSN# | ON-SITE | NO [ISSUED 051164 | YES 🔊 | YES | | |
| IAMPLE COLLECTED | | | | | Critical violations not c | orrected this date: |
| SANITARIAN NAI | ME I | D# 218 | SEATING CAPA | ACITY 336 | | |
| WAWSON 1 | Ω | | NON-SMOKING | <u> </u> | | |
| NSPECTED BY | 1/2 | | AREA | YES NO 🔼 | | |
| Sight H | // | | | | s marked above are violations of the M port shall be corrected within the time t | |
| RECEINED BY (FORSON) | p.Charge) | 7 / | within a period | not to exceed 10 calendar | days for critical items (§8-405.11) or 9 | 0 days for noncritical items |
| This signature does not imply ag | reement or disagreemen | nt with any violation noted. | | tilure to comply with this not ght to appeal any violations | ice may result in license suspension an listed. | жоготны тедагасиоп. |
| / T | | , | | | | |

| NAME OF ESTA | BLISHMENT/F | ACILITY | STATE I.D.NUMBER | | |
|---|--|--|------------------|--|--|
| ADDRESS | (As | 50C. | 1370400 | | |
| ADDRESS | W. A | von Rochester MI 4 | 8367 | | |
| ITEM/RULE NO. | CRITICAL | | | CORRECT BY | |
| TEM/ROLE NO. | CKITICAL | | | CORRECT BT | |
| | | does not anter the chair, of | seventing | | |
| Maria A. M. Maria A. M. Maria A. M. Maria A. M. | | contamination of water sup | ~ | | |
| 3-30511 | NC | 1ce Cream & Good borres on A | 700 | 1-4-05 | |
| Repeat | | in walk-in freezer. All food | | | |
| | | De kept (it liast la" of t | | | |
| | | 2) food containers (stong) on | Ceron | | |
| | | in wic more foods to | shelves. | | |
| | | | | | |
| | | All food + coolers holding be | los | | |
| | | All food a coolers holding be HICF. Good channial storage | . Glaves | | |
| | | used. Test strips, thermore | | | |
| | | available. | | | |
| | | | | | |
| | | Corrected redations from previous | s inspect | | |
| | | H-20716 New Shelving Above 3-0 | t | | |
| | | 4-903.11 All pans of floor | | | |
| | | 6-501.16 mgs head newer | | | |
| | | 3-302.12 All Good containers la | belled | | |
| | | 6-2011 Floor tiles in good r | epair. | | |
| RECEIVED BY (P | RECEIVED BY (PERSON IN CHARGE) INSPECTED BY DATE | | | | |
| X / - | you | e jegy- | 10/4/61 | ······································ | |
| EHS 1-41 (10/00) | | PAGE OF J | , | | |



CONSUMER ADVISORY STATUS VERIFICATION

| NAME | OF ESTABLISHMENT TEV ASSO | CLIENT | r#_00c | 040981 |
|----------------------|--|---|--------------------------------|--|
| ADDRI | ss 900 W. Avon | CVT | 26 | 2 |
| | FACILITY OFFER RAW OR UNDERCOOKED ANIMAL-BASED | FOODS? | YES | NO |
| IF YES | , BOTH A DISCLOSURE AND A REMINDER ARE REQUIRED | | | |
| DISCL | OSURE VERIFICATION (one of these options must be utilized-che | ck which option l | ias been c | hosen): |
| □ □ List all t | Each item can include the disclosure, that the food item is, or contains, Place an asterisk next to the food item requiring disclosure, directing the menu item appears. The footnote must indicate that asterisked item contain raw or undercooked ingredients; or may be requested undercooked items that require disclosure: | e reader to a footn s are served raw o | ote <u>on the</u> r underco | bottom of the page where oked; contain or may |
| 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 cho | sen): |
| | Footnote option (check verbiage used): Place an asterisk alongside ite footnote on the bottom of each page that states: ☐ Regarding the safety of these items, written information is availa 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 obtained by the consumination of the consumination | ble upon request. I written informati h, or eggs may inc | (*United Sion.) crease you | States Food and Drug r risk of foodborne illness. r risk of foodborne illness, |
| | "Notice" option (check verbiage used): You must place a "Notice" on first item requiring disclosure appears. Notice: Consuming raw or undercooked meats, poultry, seafood, foodborne illness. (Foods that are not offered may be omitted from Notice: Consuming raw or undercooked meats, poultry, seafood, foodborne illness, especially if you have a medical condition. (For verbiage) | shellfish, or eggs om verbiage) shellfish, or eggs | may incre | ase your risk of |
| | Placard option: See MDA Questions and Answers on Consumer Advise Brochure option (check brochure that is used): ☐ United States Food and Drug Administration Model Consumer Advised Interstate Shellfish Sanitation Conference Brochure for Raw Oys | dvisory Brochure | : | |
| to have in | requent reprinting of menus must comply with both aspects of the Consuctivity of the C | unnecessary reprii | nting costs | 1) 4 0 4 Date |
| The Oakla | and County Health Division will not deny participation in its programs based on rac | ce, sex, religion, nati | onal origin, | age or disability. 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

WHITE = FILE

YELLOW = FACILITY

PINK = SANITARIAN



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 TEV ASSOC. | CLIENT # OOY 0981 |
|--|--|
| ADDRESS 900 W. Avon | CVT 262 |
| ESTABLISHMENT TELEPHONE NUMBER | CERTIFIED MANAGER ON SITE (YES) NO |
| CERTIFIED MANAGER'S NAME Anthony Toc | CO COURSE TITLE SerSISE |
| I.D/CERTIFICATE NUMBER 3851029 | DATE |
| CERTIFIED MANAGER'S NAME | COURSE TITLE |
| I.D/CERTIFICATE NUMBER | DATE |
| operating procedures. ☐ Implement food safety practices in this facility. Examples time/temperature logs and/or quality assurance checklists. ☐ 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 ☐ If the Certified Food Service Manager leaves the facility, | and health concerns at this facility. byees on the three main causes of foodborne illness: 3. Cross Contamination becdures. Periodically review and update facility's standard s would include cleaning/maintenance schedules, corrected. Review findings with area sanitarian and discuss trends. I at this facility. Oakland County Health Division must be notified and a new |
| Certified Food Service Manager must be employed at the | facility within 90 days. 10/4/04 fied Manager & Date |
| Sanitarian & Date / / / Certi | ified Manager & Date |
| Signature of Owner/Manager & Date Posit | ion of Certified Manager |

FoodForm/ArticleIV/DataColandResponsibilities/2004/13

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| | FOOD | SERVICE ES | TABLISH | IMENT, INSP | ECTION REPORT | |
|--------------------------------|-------------|---|---|---|---|---|
| | 1200 N | COUNTY HEALTH DI TELEGRAPH RE C, MI 48341-0 |) | | ROUTINE INSPECTION FOLLOW-UP ENF. FOLLOW-UP | STATE LD. |
| | • ROCHEST | ER RD MI 4830 | 7 | CVT# 262 | ☐ COMPLAINT ☐ INVESTIGATION ☐ OPENING INSPECTION NEW OWNER ☐ YES INSPECTION DATE 7— | NO |
| MANAGER/OWNER ABBY MIC | CHALSKY/3 | 687401 JESUS \ 07-29-0 | | LISHMENT PHONE 8 53-6800 RCVD | NSDI 27-0 RUN DATE 6/0 FOLLOW-UP DATE 1 | 5/04 |
| ITEM/RULE NO. | CRITICAL | | : | REMARKS | 6. | CORRECT BY: |
| n =whole No. | Vie | plations con | recte | from pr | evias inspectio | mino |
| | Coo | ling observ | rel, no renical | employee hottles of | drinks obser | plovee |
| | ne | licine, coats | , cell pl | nones obse | tablet streton | -seving |
| | She | feber, is | ce scay | es Sturely | yery o bar, ho | |
| | SCU | essible, sink | -0 ps | 1 regaine | <i>1</i> | |
| 2 7 2 11 | C BF | , | -7 | · | ATTONSX | |
| 3-302.11 | 4// | | , | 1 2 | achicken. | Mored |
| | | ur taway | Eant | | efreadyto- | to differen |
| | | toole AL | | | ent cruss- | 7/61 |
| 3-501,17 | C No | datemar | Cin, on | openmil | K containes. | Dated |
| Repeat | AL | - ready-to | eat, | potentialk | , hazardas | Containes |
| | cu/ | se by dat | enon | we than | 7 days inche | ling. |
| | nos | olopen da T date it. | te One Consi | se Certurs Lex PUCA | hasin basellan | 16/00) 15. |
| | if | usal Wir | 24/ | s. dating | is not regular | |
| | IT by | 6. 5/2765 | 5000 (ce Me | cream 13 | > Used WING | |
| WATER | SEWAGE | MANAGER CERTIFIED | LICENSE POSTED | ANTI-CHOKING TECHNIQUES POS | | ed: Yes No |
| JUNICIPAL X | MUNICIPAL 💢 | YES 🔀 NO 🗆 | YES 🛣 | YES | All critical violations | corrected: Yes |
| NSSN# | ON-SITE | ISSUED 121503 | NO [| NO [| Critical violations no | t corrected this date: |
| SANITARIAN NAI | , | D# 3 47 | SEATING CAPA | | | |
| ESTELL/WEST | | | AREA Based on an ir | YES X NO | ems marked above are violations of th | a Michigan Food Law of 2000 |
| RECEIVED BY (Person in Charge) | | | P.A. 92 of 2000 within a period (§8-406.11). Fa | Violations cited in this not to exceed 10 calen | report shall be corrected within the tirdar days for critical items (§8-405.11) ontice may result in license suspension | ne frames specified above, bu or 90 days for noncritical items |

| NAME OF ESTAE | | ACILITY | STATE I.D.NUMBER | | |
|---------------|----------|---------------------------------|------------------|--|--|
| ADDRESS | 1525 | | 44294 | | |
| ADDRESS | , 0 | / / | | , | |
| 260 | <u> </u> | ochester | | ······································ | |
| ITEM/RULE NO. | CRITICAL | | | CORRECT BY | |
| TIEMPROLE NO. | ORTHOAL | | | CORRECTE | |
| 4-62.11 | <u></u> | Soiled can gener black. Al | L tood | cleanel | |
| | | contact Surfaces MUST be a | leaned4 | disk | |
| | | Sanifized outinely to preven | tcontmino | tenk lan. | |
| | | Remove All Food Sebris. | | | |
| 5-20213 | <u> </u> | Spry com @ 3 comp. sinkin | dishara | Spring | |
| | | hans below flood in. MUST | | to metal | |
| | | 2" air gap to present cross-co | <i>11</i> | Shelf | |
| | | Provide new spring OR the Sprin | | | |
| 5-23.14 | <u></u> | Spray nottle on hose a map | , sak | renoved | |
| | | No shtoff values may b | | 1028/e | |
| | | Strem from atmospheric v | | hose | |
| | | breaker. Remove Spraj nozzle | | | |
| | | hose the uses apposidepressu | re uccumba | ala, | |
| | | Non-Critical Violati | ions | | |
| 3-302.12 | NC | Several bulk hims not label | el. All | 8=304 | |
| | | food removed from original Co | stainer | | |
| | | MUST be labeled uf common n | me | | |
| | | to prevent mis-use | | | |
| | | <i>y</i> | | | |

| RECEIVED BY (PERSON IN CHARGE) | INSPECTED BY | DATE 7-27-04 |
|--------------------------------|---------------------|--------------|
| EHS 1-41 (10/00) | page 2 of <u>@3</u> | |

| NAME OF ESTABLISHMENT/FACILITY STATE I. | | | | | |
|--|----------|---|------------|-----------|------|
| ADDRESS | 15as | | 44294 | / | |
| ADDRESS | , 2 | chester | | | |
| 460/ | 0-0 | crester | | | |
| ITEM/RULE NO. | CRITICAL | | | CORRECT E | 3Y |
| 4-602,12 | NC | Cookline equipment heavily so | oilel. | 8-30 | 1 |
| | | Gresse build-up on + avail + | | | |
| 4-602,13 | NC | Door hardles + gaskets to coo | Kline | | •••• |
| | | Coolers Soiled. | | | |
| | | All surfaces most be de | | | |
| | | Sanitized ratinely to prevent | | in | |
| | | Cenore All builday/food de | | | |
| 4-501.11 | NC | Condensor in heer walk-in | _ | | |
| | | Repair moter. Allegipment or | | | |
| | | in good repair. Emply catch to | | | |
| 630/12 | 1 | more often until unit is rega | | | |
| 00011 | NC | No paper towed in employee | | | |
| | | All times to allow gaper han | 1 chia | | |
| | | Accinis to and gage in | aarony - | | |
| NOTES | Disk | machine Sanitizing, Test strips. | + Herma | exe3 | |
| paside | of G | West Bull copsum, Consumo | - advisory | avside | 1 |
| Cold + | - hot | west Bull caps worn, consume holding temps proper. | // | | |
| | | | | | |
| RECEIVED BY (PERSON IN CHARGE) INSPECTED BY DATE | | | | | |
| 12 (CH) | Milm | | 7-27-04 | | |
| EHS 1 41 (10/0d) | | Z 2 2 | | | |



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| NAME OF ESTABLISHMENT Sc/54.5 | CLIENT # 41731 |
|--|---|
| ADDRESS 2601 Rochester | cvt_262 |
| ESTABLISHMENT TELEPHONE NUMBER | CERTIFIED MANAGER ON SITE YES NO |
| CERTIFIED MANAGER'S NAME Abby Mic | halsky course title Sen Safe |
| I.D/CERTIFICATE NUMBER 368770/ | DATE 12-15-03 |
| 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 pra Must develop a formal education program and train 1. Time/Temperature Abuse 2. Personal Hygien Must monitor employees to ensure safe food handli operating procedures. Implement food safety practices in this facility. Extime/temperature logs and/or quality assurance check Review health inspections to ensure critical violation time frames for corrections. Monitor facility for violation Model proper food safety behaviors acting as a role | ne mployees on the three main causes of foodborne illness: ne 3. Cross Contamination ng procedures. Periodically review and update facility's standard amples would include cleaning/maintenance schedules, eklists. ons are corrected. Review findings with area sanitarian and discuss colation trends. model at this facility. cility, Oakland County Health Division must be notified and a new at the facility within 90 days. |
| Signature of Owner/Manager & Date | Position of Certified Manager |

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