



CITY OF ALBUQUERQUE ENVIRONMENTAL HEALTH DEPARTMENT
CONSUMER HEALTH PROTECTION DIVISION TEMPORARY INSPECTION FORM

LOCATION/EVENT: <u>ATBF 2023 North End FAC1295277</u>		DATE: <u>10-10-23</u>	
ESTABLISHMENT NAME/BOOTH #: <u>Indonesian Satay # 129</u>		IN	OUT
PERMIT [9-6-10 A1]			
1. VALID PROGRAM PERMIT AVAILABLE?		<input checked="" type="checkbox"/>	<input type="checkbox"/> PERMIT MUST BE DISPLAYED
EQUIPMENT/STORAGE [9-6-1-10 A4]			
2. ADEQUATE COLD HOLDING EQUIPMENT			
A. TEMPERATURES FOUND: <u>N/A</u> <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/> CHECK TEMPERATURE LOGS/COOL DOWN TO SAFE TEMP OR DISCARD IF PAST 4 HRS
3. ADEQUATE HOT HOLDING EQUIPMENT			
A. TEMPERATURES FOUND: <u>Boiled Beef 160'</u> <u>Boiled Chicken 170'</u> <u>Waffles 165'</u> <u>Hot 151'</u>		<input type="checkbox"/>	<input type="checkbox"/> CHECK TEMPERATURE LOGS/REHEAT TO SAFE TEMP OR DISCARD FOOD IF PAST 4 HRS
4. THERMOMETERS AVAILABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. STORAGE METHODS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. FOOD PROTECTED FROM CONTAMINATION		<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. 6" ABOVE THE GROUND/FLOOR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. SINGLE SERVICE ARTICLES		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. UTENSILS AND SCOOPS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SANITIZATION [9-6-1-10 A4]			
6. BUCKET OR SPRAY BOTTLES			
A. AVAILABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. CORRECT CONCENTRATION: <u>4.32/1000</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. CHEMICAL STRIPS AVAILABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. 3 COMPARTMENT SINK (WASH, RINSE, SANITIZE STEPS AVAILABLE)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. EQUIPMENT/UTENSILS FOOD CONTACT SURFACES CLEANED/ SANITIZED		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PERSONNEL [9-6-1-10A4]			
9. GRAVITY FED HANDWASH STATION			
A. AVAILABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. PROPERLY STOCKED		<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. USED APPROPRIATELY		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. MINIMIZE BARE HAND CONTACT WITH RTE FOOD (GLOVES, TONGS, TISSUES...)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. HAIR RESTRAINTS (HAT, HAIR NET, PONY TAIL, BRAID, BUN...)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. PERSONAL REFRESHMENT			
A. DESIGNATED AREA FOR REFRESHMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. DRINKS WITH STRAW AND LID		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. PERSONAL ITEMS IN A DESIGNATED AREA (CELL PHONES, BAGS...)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. HYGIENE (INFECTED CUTS, RESPIRATORY INFECTION, COMMUNICABLE DISEASE ARE RESTRICTED)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER [9-6-1-10 A4]			
15. WASTE			
A. LIQUID WASTE PROPERLY COLLECTED, STORED, DISPOSED		<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. SOLID WASTE PROPERLY COLLECTED, STORED, DISPOSED		<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. TOXIC CHEMICALS PROPERLY LABELED, STORED		<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. MISCELLANEOUS			
CORRECTIVE ACTIONS: <u>No violations found at the time of inspection</u>			
PIC SIGNATURE: <u>[Signature]</u>		INSPECTOR SIGNATURE: <u>[Signature]</u>	

PERMIT NON-TRANSFERABLE

EXPIRES: 2/28/2024

**JBK CUISINE INC
TAIWANS NO 1 CUISINES
12879 MOUNTAIN AV
CHINO, CA 91710**

**OWNER OF RECORD: JBK CUISINE INC
REGULATED FACILITY: FA0008957
FACILITY LOCATION: TAIWANS NO 1 CUISINES
12879 MOUNTAIN AV
CHINO, CA 91710**

#	Program Element	Program Identifier	Permit #	Program #
1	1620 Public Eating Pl (0-24 Seats)	Food	PT0001497	PR0001497

TOTAL FEE PAID: \$ 571.00

THIS IS NOT AN INVOICE

MUST BE POSTED IN A CONSPICUOUS PLACE AT THE PERMITTED FACILITY. ISSUANCE OF THIS PERMIT DOES NOT IMPLY APPROVAL. FACILITIES MUST POST ENTIRE PAGE.



This permit may be suspended or revoked by the Department of Public Health, Environmental Health Services for cause. This permit is granted on the condition that the permittee will comply with the laws, ordinances, and regulations that are now or may hereafter be enforced by the United States Government, the State of California, and the County of San Bernardino pertaining to the below mentioned business. Penalty fees are assessed on permits renewed 30 days after the expiration date indicated above, or for failure to obtain a new permit in case of transfer of ownership.

The Business Owner is responsible for timely renewal. Not receiving a renewal notice for any reason does not mitigate responsibility for timely payment. If not paid within 30 days of the expiration date shown, a 25% penalty will be imposed.

Adela Evans

**Division Chief
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**