

# County of Santa Clara

## Department of Environmental Health

### Consumer Protection Division

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 www.ehinfo.org



## OFFICIAL INSPECTION REPORT

|                                                                 |  |                                                              |                                         |                                        |                                         |                                                                                                                                                                                                  |  |                   |
|-----------------------------------------------------------------|--|--------------------------------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|
| <b>Facility</b><br>FA0309474 - SARATOGA SHELL                   |  | <b>Site Address</b><br>1698 S DE ANZA BL, SAN JOSE, CA 95129 |                                         | <b>Inspection Date</b><br>09/15/2026   |                                         | <b>Placard Color &amp; Score</b><br><div style="font-size: 2em; font-weight: bold; text-align: center;">GREEN</div> <div style="font-size: 3em; font-weight: bold; text-align: center;">86</div> |  |                   |
| <b>Program</b><br>PR0453636 - LIMITED FOOD SERVICE CAT 1 - FP75 |  |                                                              | <b>Owner Name</b><br>TRUTH IN LOVE, INC |                                        | <b>Inspection Time</b><br>14:40 - 15:25 |                                                                                                                                                                                                  |  |                   |
| <b>Inspected By</b><br>FRANK LEONG                              |  | <b>Inspection Type</b><br>ROUTINE INSPECTION                 |                                         | <b>Consent By</b><br>KHADANANDA PAUDEL |                                         |                                                                                                                                                                                                  |  | <b>FSC Exempt</b> |

| RISK FACTORS AND INTERVENTIONS |                                                                             | IN | OUT   |       | COS/SA | N/O | N/A | PBI |
|--------------------------------|-----------------------------------------------------------------------------|----|-------|-------|--------|-----|-----|-----|
|                                |                                                                             |    | Major | Minor |        |     |     |     |
| K01                            | Demonstration of knowledge; food safety certification                       | X  |       |       |        |     |     |     |
| K02                            | Communicable disease; reporting/restriction/exclusion                       | X  |       |       |        |     |     | S   |
| K03                            | No discharge from eyes, nose, mouth                                         | X  |       |       |        |     |     |     |
| K04                            | Proper eating, tasting, drinking, tobacco use                               | X  |       |       |        |     |     |     |
| K05                            | Hands clean, properly washed; gloves used properly                          | X  |       |       |        |     |     |     |
| K06                            | Adequate handwash facilities supplied, accessible                           | X  |       |       |        |     |     |     |
| K07                            | Proper hot and cold holding temperatures                                    |    | X     |       | X      |     |     | N   |
| K08                            | Time as a public health control; procedures & records                       |    |       |       |        |     | X   |     |
| K09                            | Proper cooling methods                                                      |    |       |       |        |     | X   |     |
| K10                            | Proper cooking time & temperatures                                          |    |       |       |        |     | X   |     |
| K11                            | Proper reheating procedures for hot holding                                 |    |       |       |        |     | X   |     |
| K12                            | Returned and reservice of food                                              | X  |       |       |        |     |     |     |
| K13                            | Food in good condition, safe, unadulterated                                 | X  |       |       |        |     |     |     |
| K14                            | Food contact surfaces clean, sanitized                                      | X  |       |       |        |     |     |     |
| K15                            | Food obtained from approved source                                          | X  |       |       |        |     |     |     |
| K16                            | Compliance with shell stock tags, condition, display                        |    |       |       |        |     | X   |     |
| K17                            | Compliance with Gulf Oyster Regulations                                     |    |       |       |        |     | X   |     |
| K18                            | Compliance with variance/ROP/HACCP Plan                                     |    |       |       |        |     | X   |     |
| K19                            | Consumer advisory for raw or undercooked foods                              |    |       |       |        |     | X   |     |
| K20                            | Licensed health care facilities/schools: prohibited foods not being offered |    |       |       |        |     | X   |     |
| K21                            | Hot and cold water available                                                | X  |       |       |        |     |     |     |
| K22                            | Sewage and wastewater properly disposed                                     | X  |       |       |        |     |     |     |
| K23                            | No rodents, insects, birds, or animals                                      | X  |       |       |        |     |     |     |

| GOOD RETAIL PRACTICES |                                                                                     | OUT | COS |
|-----------------------|-------------------------------------------------------------------------------------|-----|-----|
| K24                   | Person in charge present and performing duties                                      |     |     |
| K25                   | Proper personal cleanliness and hair restraints                                     |     |     |
| K26                   | Approved thawing methods used; frozen food                                          |     |     |
| K27                   | Food separated and protected                                                        |     |     |
| K28                   | Fruits and vegetables washed                                                        |     |     |
| K29                   | Toxic substances properly identified, stored, used                                  |     |     |
| K30                   | Food storage: food storage containers identified                                    |     |     |
| K31                   | Consumer self service does prevent contamination                                    |     |     |
| K32                   | Food properly labeled and honestly presented                                        |     |     |
| K33                   | Nonfood contact surfaces clean                                                      |     |     |
| K34                   | Warewash facilities: installed/maintained; test strips                              |     |     |
| K35                   | Equipment, utensils: Approved, in good repair, adequate capacity                    |     |     |
| K36                   | Equipment, utensils, linens: Proper storage and use                                 |     |     |
| K37                   | Vending machines                                                                    |     |     |
| K38                   | Adequate ventilation/lighting; designated areas, use                                |     |     |
| K39                   | Thermometers provided, accurate                                                     |     |     |
| K40                   | Wiping cloths: properly used, stored                                                |     |     |
| K41                   | Plumbing approved, installed, in good repair; proper backflow devices               |     |     |
| K42                   | Garbage & refuse properly disposed; facilities maintained                           |     |     |
| K43                   | Toilet facilities: properly constructed, supplied, cleaned                          |     |     |
| K44                   | Premises clean, in good repair; Personal/chemical storage; Adequate vermin-proofing |     | X   |
| K45                   | Floor, walls, ceilings: built, maintained, clean                                    |     | X   |
| K46                   | No unapproved private home/living/sleeping quarters                                 |     |     |
| K47                   | Signs posted; last inspection report available                                      |     |     |

# OFFICIAL INSPECTION REPORT

|                                                          |                                                       |                                  |
|----------------------------------------------------------|-------------------------------------------------------|----------------------------------|
| Facility<br>FA0309474 - SARATOGA SHELL                   | Site Address<br>1698 S DE ANZA BL, SAN JOSE, CA 95129 | Inspection Date<br>09/15/2026    |
| Program<br>PR0453636 - LIMITED FOOD SERVICE CAT 1 - FP75 | Owner Name<br>TRUTH IN LOVE, INC                      | Inspection Time<br>14:40 - 15:25 |
| K48                                                      | Plan review                                           | X                                |
| K49                                                      | Permits available                                     |                                  |
| K58                                                      | Placard properly displayed/posted                     |                                  |

## Comments and Observations

### Major Violations

K07 - 8 Points - Improper hot and cold holding temperatures; 11387.1, 113996, 113998, 114037, 114343(a)

**Inspector Observations:** *By the cash register counter, in the reach in refrigerator, measured naked juice between 46F and 51F. Per operator, naked juice stored stocked from one week prior. Measured ambient air temperature of reach in refrigerator at 48F. Observed ice accumulation in the ceiling of the reach in refrigerator preventing fan blades from movement.*

**[CA]** *Potentially hazardous foods shall be held cold at 41F and below to prevent bacterial growth.*

**[SA]** *Naked juice was VC&D due to time and temperature abuse.*

### Minor Violations

K44 - 2 Points - Premises not clean, not in good repair; No personal/chemical storage; inadequate vermin-proofing; 114067(j), 114123, 114143 (a,b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282

**Inspector Observations:** *Observed open front and back doors into the facility.*

**[CA]** *Ensure front and back doors are kept closed to prevent an entrance for vermin.*

K45 - 2 Points - Floor, walls, ceilings: not built, not maintained, not clean; 114143(d), 114266, 114268, 114268.1, 114271, 114272

**Inspector Observations:** *Observed missing ceiling panels and worn panels in the facility.*

**[CA]** *Ensure approved ceiling panels are installed in the facility and holes are sealed to prevent an entrance for vermin.*

K48 - 2 Points - Plan review unapproved; 114380

**Inspector Observations:** *Observed use of unapproved coffee machine, cappuccino machine, and frozen slushy drink dispenser. Facility does not have the necessary permit to operate this equipment and provide open food.*

**[CA]** *Ensure only approved equipment is installed within the facility. Submit plans to plan check for installation of new equipment and permit upgrade.*

### Performance-Based Inspection Questions

Needs Improvement - Proper hot and cold holding temperatures.

### Measured Observations

| Item                    | Location                                  | Measurement      | Comments                      |
|-------------------------|-------------------------------------------|------------------|-------------------------------|
| ambient air temperature | 3 door reach in refrigerator              | 41.00 Fahrenheit |                               |
| hot water               | 3 compartment sink (outdoor - unapproved) | 68.00 Fahrenheit |                               |
| naked juice             | reach in refrigerator                     | 51.00 Fahrenheit | Measured between 46F and 51F. |

### Overall Comments:

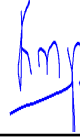
When required to determine compliance, a single reinspection will be conducted without additional charge. If subsequent reinspections are required, an hourly fee (minimum one hour) at the current rate approved by the Board of Supervisors will be assessed for each and every reinspection until the necessary changes or corrections are made. Unless otherwise noted by the inspector, all violations are to be corrected no later than **9/29/2026**. Any major change in menu or any change in ownership must have prior approval by this Department. This may require structural and/or equipment changes or remodeling to accommodate new operations.

# OFFICIAL INSPECTION REPORT

|                                                                 |                                                              |                                         |
|-----------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|
| <b>Facility</b><br>FA0309474 - SARATOGA SHELL                   | <b>Site Address</b><br>1698 S DE ANZA BL, SAN JOSE, CA 95129 | <b>Inspection Date</b><br>09/15/2026    |
| <b>Program</b><br>PR0453636 - LIMITED FOOD SERVICE CAT 1 - FP75 | <b>Owner Name</b><br>TRUTH IN LOVE, INC                      | <b>Inspection Time</b><br>14:40 - 15:25 |

## Legend:

|        |                                 |
|--------|---------------------------------|
| [CA]   | Corrective Action               |
| [COS]  | Corrected on Site               |
| [N]    | Needs Improvement               |
| [NA]   | Not Applicable                  |
| [NO]   | Not Observed                    |
| [PBI]  | Performance-based Inspection    |
| [PHF]  | Potentially Hazardous Food      |
| [PIC]  | Person in Charge                |
| [PPM]  | Part per Million                |
| [S]    | Satisfactory                    |
| [SA]   | Suitable Alternative            |
| [TPHC] | Time as a Public Health Control |



**Received By:** KHADANANDA PAUDEL  
PIC

**Signed On:** September 15, 2026