

**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>FA0211281 - EL BOLERO                                        |                                              | <b>Site Address</b><br>990 N 17TH ST, SAN JOSE, CA 95112 |                                      | <b>Inspection Date</b><br>02/05/2025 |                                         |
| <b>Program</b><br>PR0301131 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 1 - FP09 |                                              |                                                          | <b>Owner Name</b><br>FERNANDEZ, JOSE |                                      | <b>Inspection Time</b><br>15:05 - 15:55 |
| <b>Inspected By</b><br>MINDY NGUYEN                                             | <b>Inspection Type</b><br>ROUTINE INSPECTION | <b>Consent By</b><br>ALEJANDRA                           | <b>FSC Exempt</b>                    |                                      |                                         |

|                                                               |
|---------------------------------------------------------------|
| <b>Placard Color &amp; Score</b><br><b>GREEN</b><br><b>96</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  |       |       |        |     |     | S   |
| K07 Proper hot and cold holding temperatures                                    |    |       |       |        |     | X   |     |
| 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                              | X   |     |
| 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 |     |     |
| 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

|                                                                          |                                                   |                                  |
|--------------------------------------------------------------------------|---------------------------------------------------|----------------------------------|
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| Program<br>PR0301131 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 1 - FP09 | Owner Name<br>FERNANDEZ, JOSE                     | Inspection Time<br>15:05 - 15:55 |
| K48                                                                      | Plan review                                       |                                  |
| K49                                                                      | Permits available                                 |                                  |
| K58                                                                      | Placard properly displayed/posted                 |                                  |

## Comments and Observations

### Major Violations

No major violations were observed during this inspection.

### Minor Violations

K34 - 2 Points - Warewashing facilities: not installed or maintained; no test strips; 114067(f,g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125

**Inspector Observations: Sanitizer test strips were not available upon request.**

**[CA] Ensure sanitizer test strips are available.**

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

**Inspector Observations: Observed several damaged floor tiles in the bar area.**

**[CA] Repair/replace tiles.**

### Performance-Based Inspection Questions

All responses to PBI questions were satisfactory.

### Measured Observations

| <u>Item</u> | <u>Location</u>         | <u>Measurement</u> | <u>Comments</u> |
|-------------|-------------------------|--------------------|-----------------|
| HOT WATER   | 3-COMPARTMENT SINK      | 120.00 Fahrenheit  |                 |
| WARM WATER  | HANDWASH SINK, RESTROOM | 100.00 Fahrenheit  |                 |

### 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 **2/19/2025**. 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.

### 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




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**Received By:** Alejandra Lopez  
Employee

**Signed On:** February 05, 2025