

# 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>FA0212193 - BAY CLUB SANTA CLARA - OUTSIDE KITCHEN           |  | <b>Site Address</b><br>3250 CENTRAL EX, SANTA CLARA, CA 95051 |                                            | <b>Inspection Date</b><br>02/25/2025    |                                         | <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;">85</div> |  |                          |  |
| <b>Program</b><br>PR0330833 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 2 - FP10 |  |                                                               | <b>Owner Name</b><br>FLAHERTY & OHARA P.C. |                                         | <b>Inspection Time</b><br>16:15 - 16:45 |                                                                                                                                                                                                  |  |                          |  |
| <b>Inspected By</b><br>MAMAYE KEBEDE                                            |  | <b>Inspection Type</b><br>ROUTINE INSPECTION                  |                                            | <b>Consent By</b><br>ARASH GHASMENEZHAD |                                         |                                                                                                                                                                                                  |  | <b>FSC</b> Not Available |  |
|                                                                                 |  |                                                               |                                            |                                         |                                         |                                                                                                                                                                                                  |  |                          |  |

  

| 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  |       |       |        |     |     | N   |
| K06                            | Adequate handwash facilities supplied, accessible                           |    | X     |       | X      |     |     |     |
| 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   |     | N   |
| 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                    |     | X   |
| 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                                    |     |     |
| K46                   | No unapproved private home/living/sleeping quarters                                 |     |     |
| K47                   | Signs posted; last inspection report available                                      |     |     |

# OFFICIAL INSPECTION REPORT

|                                                                          |                                                        |                                  |
|--------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------|
| Facility<br>FA0212193 - BAY CLUB SANTA CLARA - OUTSIDE KITCHEN           | Site Address<br>3250 CENTRAL EX, SANTA CLARA, CA 95051 | Inspection Date<br>02/25/2025    |
| Program<br>PR0330833 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 2 - FP10 | Owner Name<br>FLAHERTY & OHARA P.C.                    | Inspection Time<br>16:15 - 16:45 |
| K48                                                                      | Plan review                                            |                                  |
| K49                                                                      | Permits available                                      |                                  |
| K58                                                                      | Placard properly displayed/posted                      |                                  |

## Comments and Observations

### Major Violations

K06 - 8 Points - Inadequate handwash facilities: supplied or accessible; 113953, 113953.1, 113953.2, 114067(f)

**Inspector Observations:** *There were no soap and paper towel supplies on the handwash station located next to the three compartment warewash sink used to wash the coffee equipment. The three compartment sink is located in the small room behind the office.*

**[CA]** *Refill the dispensers. The PIC refilled the supplies (COS).*

Follow-up By  
02/25/2025

### Minor Violations

K01 - 3 Points - Inadequate demonstration of knowledge; food manager certification

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:** *There is no approved sanitizer measuring strip to measure the concentration of the chemicals used to sanitize dishes and utensils in the facility.*

**[CA]** *Provide approved sanitizer measuring strips for the chemicals used in sanitizing utensils, equipment, and food contact surfaces.*

K35 - 2 Points - Equipment, utensils - Unapproved, unclean, not in good repair, inadequate capacity; 114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182

**Inspector Observations:** *There are two ice machines in use in the facility. One of the ice machine located inside the small room which is used to prepare coffee is draining into the three compartment sink. The other ice machine located in the grill station is also draining into a floor sink.*

**[CA]** *Drain from an equipment that produces liquid from condensation or use of any fluid like ice machine, soda dispenser must drain into a floor sink. Since both of the ice machines are draining improperly, please cease and desist using the equipment.*

*If you decide to use these equipment, please submit plan to our office via [dehplanchec@deh.sccgov.org](mailto:dehplanchec@deh.sccgov.org) for approval.*

### Performance-Based Inspection Questions

Needs Improvement - Food contact surfaces clean, sanitized.

Needs Improvement - Hands clean/properly washed/gloves used properly.

### Measured Observations

| Item      | Location                    | Measurement      | Comments |
|-----------|-----------------------------|------------------|----------|
| Hot water | Three compartment sink      | 200.00 PPM       |          |
| Milk      | Walk-in cooler              | 35.00 Fahrenheit |          |
| Ice cream | Upright freezer(Grill area) | 0.00 Fahrenheit  | IR       |

### Overall Comments:

**Note:** *The grill are is closed until the end of May. However, the facility is serving free coffee to customers. It is using the three compartment warewash sink located inside one of the rooms in the building to wash the carafes, The walk-in cooler is used to store milk and the upright fridges located in the grill area are also used to store drinks which are served to customers. The ice machine in the grill area is also use.*

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 **3/11/2025**. 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.

# OFFICIAL INSPECTION REPORT

|                                                                                 |                                                               |                                         |
|---------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|
| <b>Facility</b><br>FA0212193 - BAY CLUB SANTA CLARA - OUTSIDE KITCHEN           | <b>Site Address</b><br>3250 CENTRAL EX, SANTA CLARA, CA 95051 | <b>Inspection Date</b><br>02/25/2025    |
| <b>Program</b><br>PR0330833 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 2 - FP10 | <b>Owner Name</b><br>FLAHERTY & OHARA P.C.                    | <b>Inspection Time</b><br>16:15 - 16:45 |

## Legend:

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

Did not Sign

**Received By:** Arash Ghassmenezhad  
Facilities Manager  
**Signed On:** February 25, 2025