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

| Facility FA0263757 - HOL 'N JAM @ STAGE COMMISSARY | | Site Address 1 AMPHITHEATRE PY, MOUNTAIN VIEW, CA 94043 | | Inspection Date 03/01/2023 | Placard Color & Score |
|--|---------------------------------------|--|----|-------------------------------|-----------------------|
| Program Owner Name I PR0388653 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 1 - FP09 PEARCE, LEE I | | | | | RED |
| Inspected By LAWRENCE DODSON | Inspection Type LIMITED INSPECTION | Consent By REPORT EMAILED TO B.STC | NE | | N/A |

Comments and Observations

Major Violations

No major violations were observed during this inspection.

Minor Violations

No minor violations were observed during this inspection.

Performance-Based Inspection Questions

N/A

Measured Observations

N/A

Overall Comments:

Facility is closed due to operating without a valid Health Permit. Outstanding balance due is \$1587.50

Previous notifications of account balance were provided, and a 48-hour notice was issued on 2/14/23. Facility shall cease and desist all food operations and sales until outstanding balance has been paid in full and a re inspection has been conducted. Please contact this department at 408-918-3400 to schedule a re inspection after payment has been made. Payment can be made to DEH at the address at the top of this report or via our website at www.Ehinfo.org.

Overdue invoices are attached. Failure to comply and continued operation and sales shall result in further enforcement action including and not limited to office hearing and additional fees.

CLOSURE / PERMIT SUSPENSION NOTICE

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 <u>3/15/2023</u>. 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.

This notice is to inform you that as of this date the Environmental Health Permit for the above mentioned food facility is hereby suspended and all operations therewith are ordered to cease. This action is taken in accordance with Section 114409 of the California Health and Safety Code which states 'If any imminent health hazard is found, unless the hazard is immediately corrected, an enforcement officer may temporarily suspend the permit and order the food facility or cottage food operation immediately closed.'

You have the right to make a written request for a hearing within 15 days after receipt of this notice to show just cause why the permit suspension is not warranted. Failure to request such a hearing within the 15-day period shall be deemed a waiver of the right to a hearing. After these violations have been corrected, you must call the Department of Environmental Health for a reinspection to reinstate the permit to operate. Phone #: (408)918-3400.

OFFICIAL INSPECTION REPORT

| Facility FA02 | 63757 - HOL 'N JAM @ STAGE COMMISSARY | Site Address 1 AMPHITHEATRE PY, MOUNTAIN VIEW, CA 94043 | | Inspection Date 03/01/2023 |
|------------------|--|--|----------------------------|-------------------------------|
| Progra PR03 | m i88653 - FOOD PREP / FOOD SVC OP 0-5 EMPLOYEES RC 1 | | Owner Name PEARCE, LEE | |
| egend | l <u>:</u> | | | |
| A] | Corrective Action | | | |
| OS] | Corrected on Site | | | |
|] | Needs Improvement | | | |
| A] | Not Applicable | | | |
| 0] | Not Observed | Received By: | | |
| BI] | Performance-based Inspection | | | |
| HF] | Potentially Hazardous Food | Signed On: | March 01, 2023 | |
| IC] | Person in Charge | Ū | | |
| PM] | Part per Million | Comment: | Report emailed to operator | |
|] | Satisfactory | | | |
| A] | Suitable Alternative | | | |
| PHC] | Time as a Public Health Control | | | |