

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 FA0210220 - VUCKOS DISCOUNT LIQUOR 2		Site Address 5945 ALMADEN EX 140, SAN JOSE, CA 95120		Inspection Date 04/18/2024	
Program PR0304249 - NO FOOD PREP (GROCERY STORE) < 5,000 SQ FT - FP06			Owner Name AMARJIT KAUR AND IQWAL S		Inspection Time 11:05 - 11:35
Inspected By CHRISTINA RODRIGUEZ	Inspection Type ROUTINE INSPECTION		Consent By SUMIT MAAN	FSC Exempt	

Placard Color & Score
GREEN
98

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						
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						
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	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		

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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

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: *Observed some of the food shelves to be soiled. [CA] Thoroughly clean the shelves.*

Performance-Based Inspection Questions

N/A

Measured Observations

N/A

Overall Comments:

OWNERSHIP CHANGE INFORMATION

NEW FACILITY NAME: _____ *Vanshu 24x7 Liquor* _____

NEW OWNER: _____ *Vanshu Stores Inc* _____

The applicant has completed the facility evaluation application process for an Environmental Health Permit.

The permit category for this facility is FP__06__. An invoice for the permit fee in the amount of \$_757.00__ will be mailed to the billing address on the application. Payment must be submitted within 10 days of receipt of the invoice. The owner is responsible for contacting our department if an invoice is not received and remit payment within 30 days.

The Environmental Health Permit will be effective: _5/_1/_24 - _4/_30/_25_ This report serves as a temporary permit. However, the permit will be deemed invalid if the permit fee is not paid in full within 30 days from the date of this report. Okay to Operate.

An official permit will be mailed to the address on file and shall be posted in public view upon receipt.

**Structural Review inspection conducted on _4/_18/_24*

**Permit condition: __none__*

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 **5/2/2024**. 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.

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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

Summary

Received By: _____

Signed On: April 18, 2024