



## REQUEST FOR A RE-SCORE INSPECTION

### GENERAL INFORMATION

**The inspection rate is \$245.00 per hour.**

A minimum of \$122.50 will be charged for the first 30 minutes of inspection time.

A Letter Grade Card shall remain valid until the Health Official completes the next routine inspection or re-score inspection of the food facility.

A re-score inspection is a new, unscheduled, complete routine inspection that a) may be required by County Ordinance #33.1403; or b) may be requested by the food facility.

**For a B grade (score of 80 to 89)**

A re-score inspection may be requested by a food facility who receives a “B” grade after the completion of an official routine inspection. This request is optional on the part of the facility which may wish to try to improve their score or letter grade. The Health Official will complete the re-score inspection within ten (10) County business days of the food facility submitting a request for a re-score inspection.

**For a C grade (score of 70 to 79)**

The food facility **must** correct the deficiencies listed in the Official Inspection Report (OIR) and **must** submit to our Division a written request for a re-score inspection within 30 days of the OIR. The Health Official will complete the re-score inspection within ten (10) County business days of the food facility submitting a request for a re-score inspection. A food facility failing to comply with the OIR, failing to attain at least a “B” grade on the re-score inspection, or failing to request a re-score inspection may be immediately closed by the Health Official and remain closed until at least a “B” grade is achieved on a re-score inspection.

**Note:** A re-score inspection is a new, complete routine inspection. This inspection will address any uncorrected violations noted on the prior OIR as well as any additional violations noted at this time. There is no guarantee that the facility will receive a higher grade or score. The food facility must pay a re-score inspection fee for a re-score inspection.

Please complete the following information and **mail, fax to (909) 387-4323, OR deliver** to your regional *Environmental Health Services* office:

- 385 N. Arrowhead Avenue 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0160
- 15900 Smoke Tree Street, Suite 131, Hesperia CA 92345
- 8575 Haven Avenue, Suite 130, Rancho Cucamonga, CA 91730

### FACILITY INFORMATION

Facility Name		Daytime Phone Number
Address	City	Cell Phone Number
PR # From Inspection Report <b>PR</b>	PE # From Inspection Report	Contributor #

### OWNER / OPERATOR

Owner / Operator Signature	<b>X</b>
Print Name	Date Submitted

For Office Use Only	For Office Use Only	For Office Use Only	For Office Use Only
Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate	Changes (please specify):		