



**CITY OF LONG BEACH**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
 2525 Grand Avenue, Room 220, Long Beach, CA 90815  
 Telephone (562) 570-4132 Fax (562) 570-4038

Owner/Operator/PIC	<b>FOOD PROGRAM OFFICIAL INSPECTION REPORT</b>	Inspection Date <b>6/25/14</b>	Time In <b>5:15</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Facility Name/DBA <b>Mikas Sports Lounge</b>	Site Address <b>#710 W. Willow St.</b>			

During an inspection of the premises at the above address, the following violation(s) were noted which require correction within the time indicated:

**OBSERVATIONS AND CORRECTIVE ACTIONS**

COMPLAINT INVESTIGATION

A complaint was referred to this office by Council regarding cooking and food prep occurring at this facility which is not approved for food prep and/or cooking.

FIRST and FINAL NOTICE

- ① Immediately cease any preparation and/or cooking of food without the required approved kitchen equipment and warewashing facilities. Observed deep fryer in customer area. operator stated this was used to cook donuts. Observed chafing dishes operator stated are used to serve food purchased from a caterer (Priscilla) who makes tacos on Tuesdays. Remove all unapproved equipment.
- ② All food must be obtained from an approved source. Cease purchasing food from unlicensed vendors/caterers. Ensure that all providers of food items are licensed ~~for~~ by the local Health jurisdiction. Maintain invoices for all food purchased/served.

SIGNING FOR RECEIPT OF THE ABOVE NOTICE IS NOT AN ADMISSION OF THE FACTS OF THE VIOLATIONS SET FORTH THEREIN.

Received By

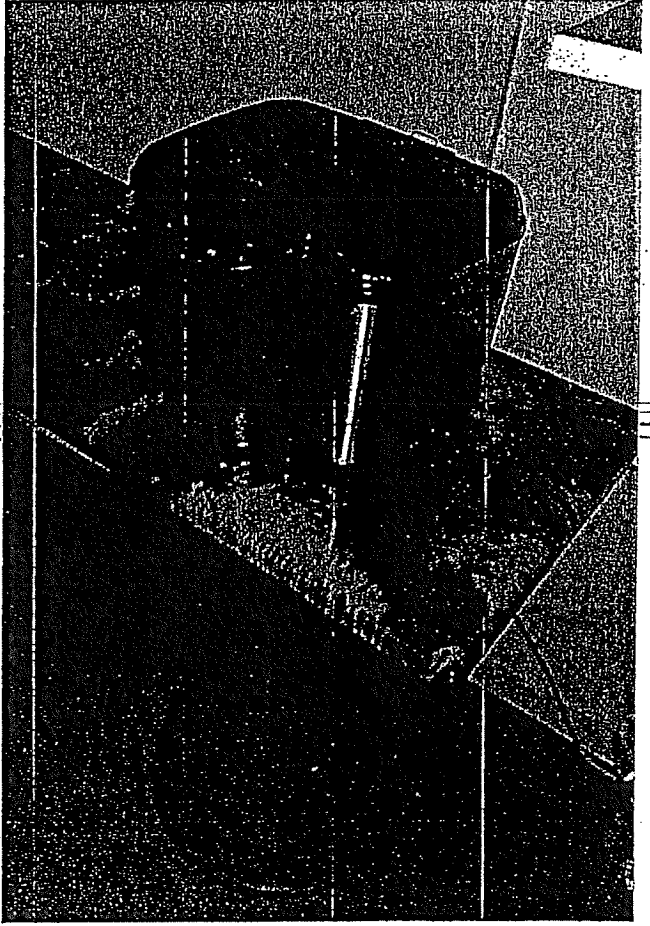
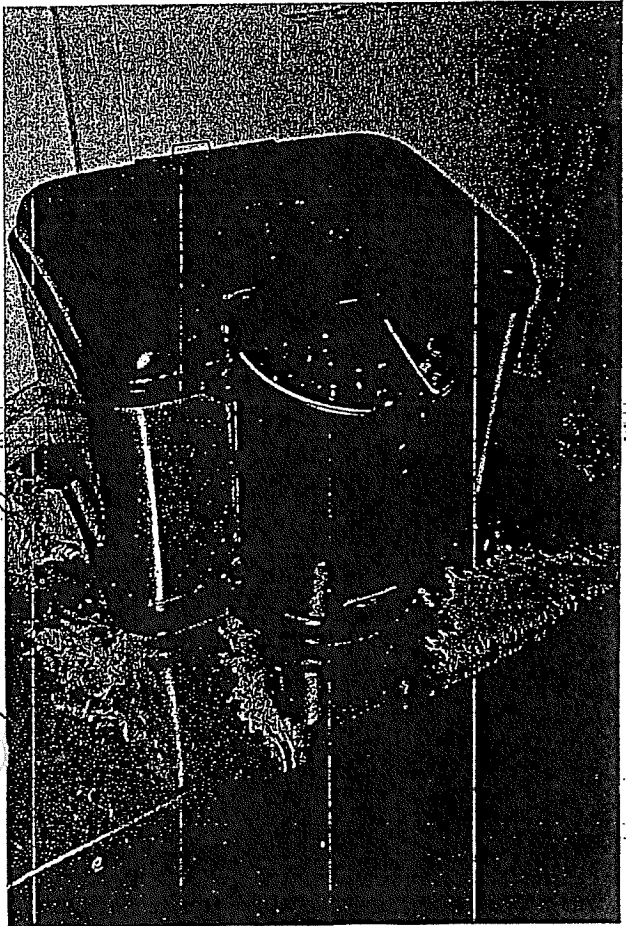
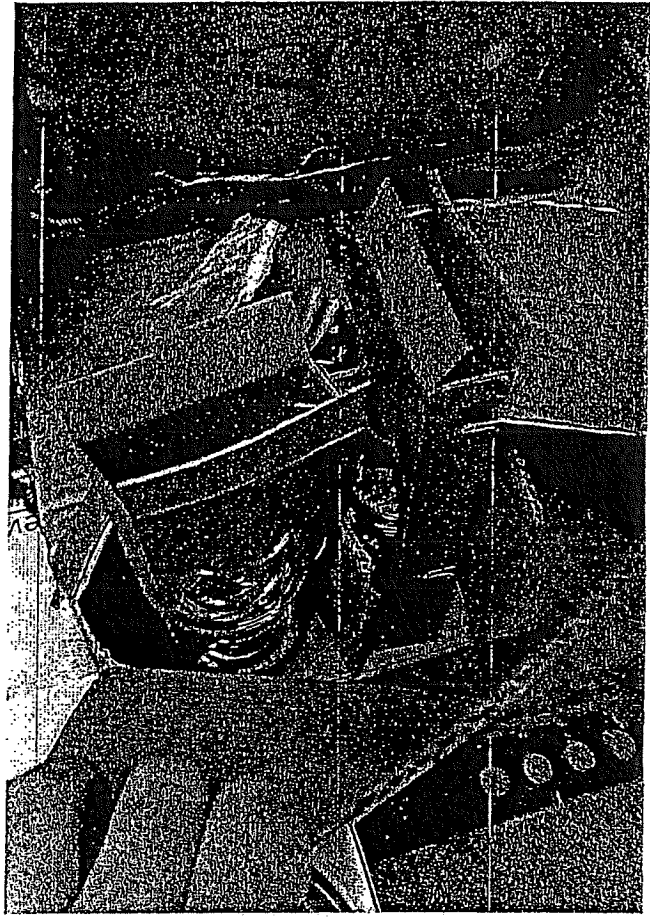
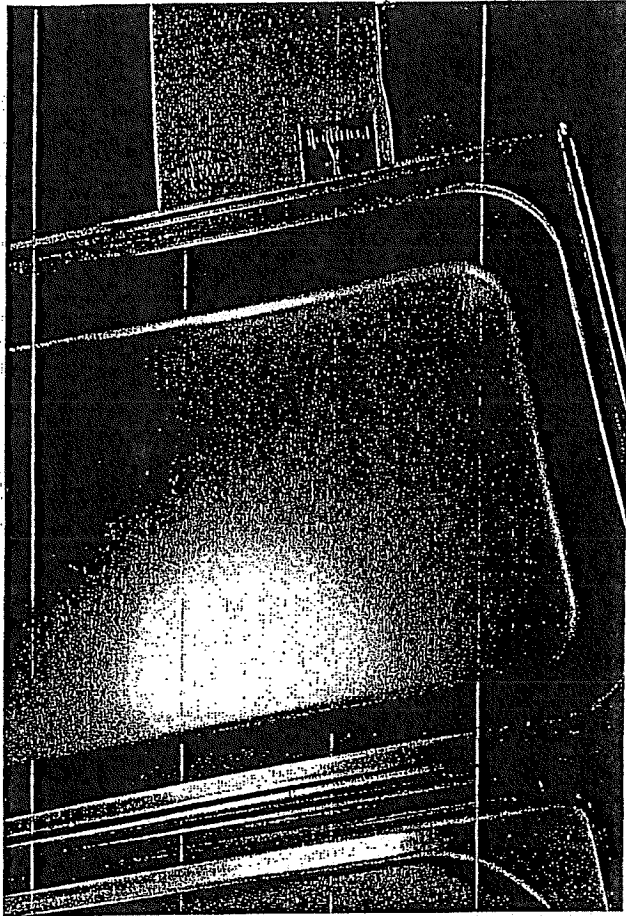
at once  
Reinspection Date  
(on or after date)

*Leila Judd / Brad Thomas*  
Representative  
*Keith Allen supervisor*

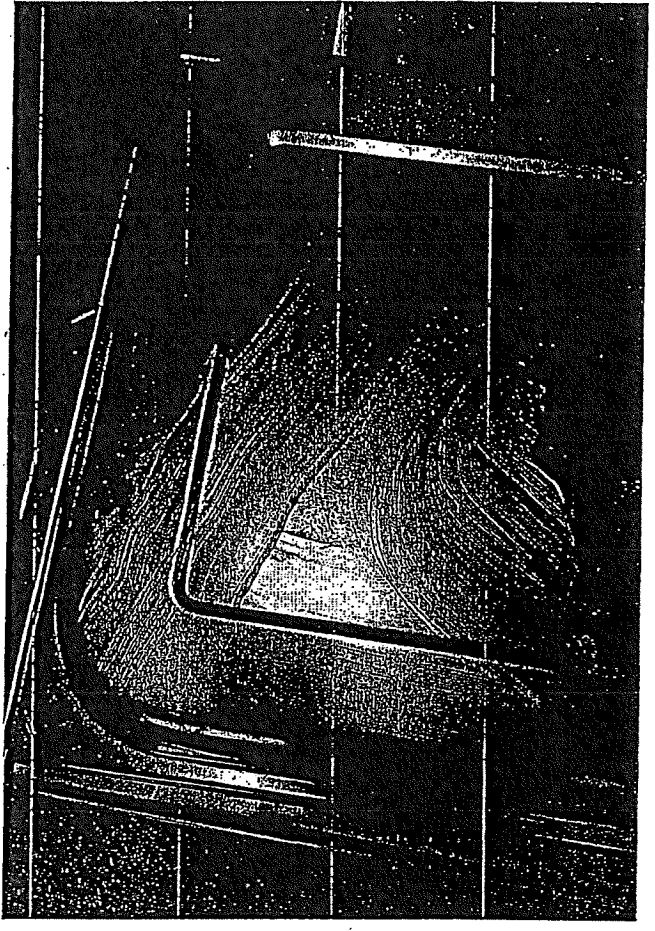
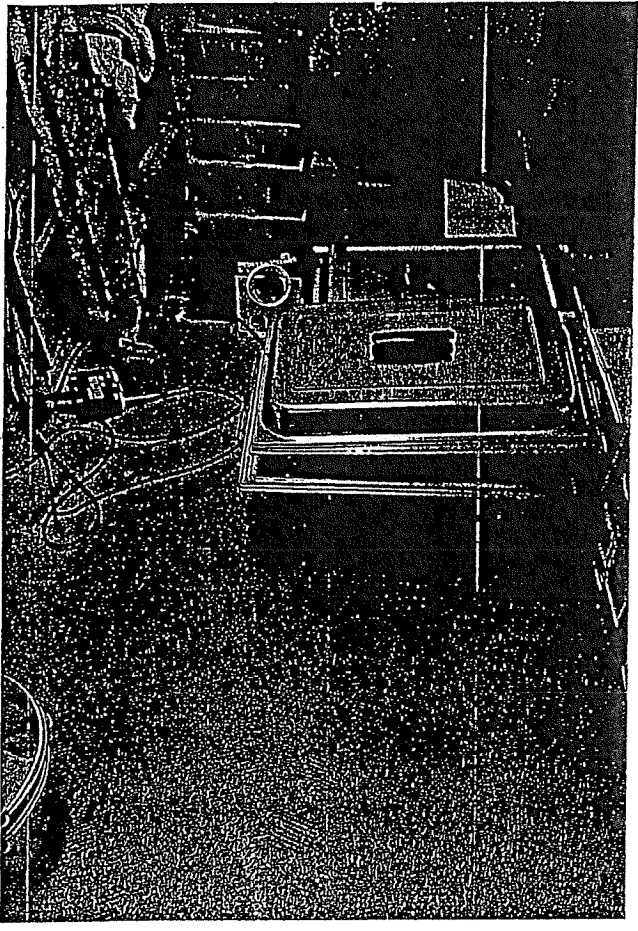
Employee # <b>006/017</b>	P.E. #	CI	DT
Service <b>004</b>	Permit/License #		
Certified Employee	Cert. No.	Exp. Date	

A \$ 205.00\* fee is charged when violations noted during an inspection are not corrected prior to the re-inspection date. A re-inspection will occur on or after:

\*Fee is subject to change



1 Mike's Sports Lounge



4/24/1  
Minko's Sports Lounge



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 www.longbeach.gov



FOOD PROGRAM  
 OFFICIAL INSPECTION REPORT

Owner/Operator (PIC) Tamiko Lewis	Inspection Date 9-24-14	Time In 1:45 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
DBA Miko's Sports Lounge	Permit License # [REDACTED]	Compliance Date 10-24-14
Site Address 710 W. Willow St.	Program Element 765	Service Code 001

**CERTIFICATION OF COMPLIANCE**

The Long Beach Department of Health and Human Services, Bureau of Environmental Health Food Program, has conducted a routine and/or complaint inspection of the above described facility, and violation(s) were noted which require correction within the time indicated:

1. Correct the violation(s) as specified in the Official Inspection Report before the compliance date. Upon completion of the corrections, submit this signed form thereby certifying that all violations have been corrected within the given time period.
2. There may be specific circumstances whereby a violation cannot be corrected before the compliance date. Contact your Inspector prior to the compliance date and explain the status of the repairs and request an extension by telephone.
3. Once the violation(s) have been corrected, complete and sign the section below, certifying compliance and mail, fax or scan and e-mail this form by the compliance date. The mailing address and fax number are detailed at the top of this form. Retain yellow copy for your records.
4. Provide/Attach all copies of any applicable receipts or photographs to document any repairs to your facility or professional pest control treatments.

SIGNING FOR RECEIPT OF THE ABOVE NOTICE IS NOT AN ADMISSION OF THE FACTS OF THE VIOLATIONS SET FORTH THEREIN.

[Signature]  
 Received By

vanna.kho@longbeach.gov  
 EH Representative

[REDACTED]  
 Facility Telephone

miko's sports lounge@gmail  
 Facility E-mail

**CERTIFICATION OF COMPLIANCE**

I hereby certify under penalty of perjury that all violation(s) observed during the above referenced inspection have been corrected as specified in the Official Inspection Report. I understand that I will be required to provide proof of compliance upon request to the Long Beach Department of Health and Human Services Bureau of Environmental Health Food Program Inspector.

Print Name	Title	Authorized Signature
Telephone	E-mail	Date

re-inspection fee \$ 205 \* may be charged when violations noted during an inspection are not corrected prior to the compliance date.  
 \*Fee is subject to change

White Copy - File

Yellow Copy - Operator

Pink Copy - EH Representative



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E-mail: foodinspectors@longbeach.gov Website: www.longbeach.gov/health/eh

Owner/Operator ENAID'S WAY INC		<b>FOOD PROGRAM</b>		Inspection Date 09/24/2014	Time In 1:45 pm	Service Code 001
DBA MIKO'S SPORTS LOUNGE		Facility Telephone [REDACTED]	Permit License # [REDACTED]	EHS Name VANNA KHO		EHS # EED000002
Site Address 710 W WILLOW ST	City/State LONG BEACH, CA	Zip Code 90806	Purpose of Inspection ROUTINE INSPECTION	P.E. 1165	Re-Inspection Date (on or after) N/A	

During an inspection of the premises at the above address, the following violation (s) were noted which require correction within the time indicated :  
 In = In Compliance N/O = Not Observed N/A = Not Applicable OUT = Out of Compliance MAJ = Violation Degree COS = Corrected On Site

**Demonstration of Knowledge**

1.	<input type="checkbox"/> In <input type="checkbox"/> N/O <input checked="" type="checkbox"/> OUT	Demonstration of knowledge; food safety certification, i.e., CFM & FHC (EP)	COMPLY BY: 10/24/2014
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**FIRST NOTICE**

Provide proof of enrollment within 2 weeks of this notice and valid food handler card within 30 days.

All employees preparing, serving, or storing food in a food facility shall obtain a food handler card within 30 days after the date of hire. Each food handler shall maintain a valid food handler card for the duration of his or her employment as a food handler. (113948)

**Employee Health And Hygienic Practices**

3.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Communicable disease; reporting, restrictions & exclusions (EP)
4.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	No discharge from eyes, nose, and mouth (EP)
4.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Proper eating, tasting, drinking or tobacco use (EP)

**Preventing Contamination By Hands**

5.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Hands clean and properly washed; gloves used properly (EP)
6.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Adequate handwashing facilities supplied & accessible (EP/FM)

**Time And Temperature Relationships**

7.	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Proper hot and cold holding temperatures (FT)
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Observed no potentially hazardous foods served at facility.

8.	<input type="checkbox"/> In <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Time as a public health control; procedures & records (FT)
9.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Proper cooling methods (FT/FH)
10.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Proper cooking time & temperatures (FT)
11.	<input type="checkbox"/> In <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	<del>Proper reheating for hot holding (FT)</del>

**Protection From Contamination**

12.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Returned and re-service of food (FH)
13.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Food in good condition, safe and unadulterated (FH, FSt, EP, FSL)
14.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Food contact surfaces: clean and sanitized, warewashing (UWS/ES)

**Food From Approved Sources**

15.	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Food obtained from approved source (FSL)
	<input type="checkbox"/> In <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Compliance with shell stock tags, condition, display (FSL)
	<input type="checkbox"/> In <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Compliance with Gulf Oyster Regulations (FSL)

**Conformance With Approved Procedures**

18.	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Compliance with variance, specialized process, & HACCP Plan
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DBA MIKO'S SPORTS LOUNGE	Site Address 710 W WILLOW ST	City/State LONG BEACH, CA	Zip Code 90806	Inspection Date 09/24/2014	Service Code 001
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During an inspection of the premises at the above address, the following violation (s) were noted which require correction within the time indicated :  
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<b>Conformance With Approved Procedures</b>					
					(FH)
<b>Consumer Advisory</b>					
19.	<input type="checkbox"/> In <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> COS	Consumer advisory provided for raw or undercooked foods (FSL)			
<b>Highly Susceptible Populations</b>					
20.	<input type="checkbox"/> In <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> COS	Licensed health care facilities/public & private schools; prohibited foods not offered (FSL)			
<b>Water/Hot Water</b>					
21.	<input checked="" type="checkbox"/> In <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Hot and cold water available (WST)			
<b>Liquid Waste Disposal</b>					
22.	<input checked="" type="checkbox"/> In <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	Sewage and wastewater properly disposed (WM/FM)			
<b>Vermin</b>					
23.	<input checked="" type="checkbox"/> In <input type="checkbox"/> OUT <input type="checkbox"/> MAJ <input type="checkbox"/> COS	No rodents, insects, birds, or animals (PC/EP)			
<b>Supervision</b>					
24.	<input type="checkbox"/> OUT	Person in charge present and performs duties (FH/EP)			
<b>Personal Cleanliness</b>					
25.	<input type="checkbox"/> OUT	Personal cleanliness and hair restraints (EP)			
<b>General Food Safety Requirements</b>					
26.	<input type="checkbox"/> OUT	Approved thawing methods used, frozen food (FH)			
27.	<input type="checkbox"/> OUT	Food separated and protected (FH, FSt)			
28.	<input type="checkbox"/> OUT	Washing fruits and vegetables (FH)			
29.	<input type="checkbox"/> OUT	Toxic substances properly identified, stored, used (EM/PC/FSt)			
<b>Food Storage/Display/Service</b>					
30.	<input type="checkbox"/> OUT	Food storage; food storage containers identified (FSt)			
31.	<input type="checkbox"/> OUT	Consumer self service (FH)			
32.	<input type="checkbox"/> OUT	Food properly labeled & honestly presented (FSL)			
<b>Equipment/Utensils/Linens</b>					
33.	<input type="checkbox"/> OUT	Nonfood-contact surfaces clean (ES)			
34.	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; test strips (EM/UWS)			COMPLY BY: 10/24/2014

**FIRST NOTICE**

Provide testing equipment to measure the applicable sanitizer.

Food facilities that prepare food shall be equipped with warewashing facilities. Testing equipment and materials shall be provided to measure the applicable sanitization method. (114067(f) & (g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125)

35.	<input type="checkbox"/> OUT	Equipment/Utensils - approved; installed; clean; good repair, capacity (EM)
36.	<input type="checkbox"/> OUT	Equipment, utensils and linens: storage and use (EM/ES)
	<input type="checkbox"/> OUT	Vending machines
38.	<input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas, use (EM/FM)



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DBA MIKO'S SPORTS LOUNGE	Site Address 710 W WILLOW ST	City/State LONG BEACH, CA	Zip Code 90806	Inspection Date 09/24/2014	Service Code 001
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During an inspection of the premises at the above address, the following violation (s) were noted which require correction within the time indicated :  
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**Equipment/Utensils/Linens**

39.	<input type="checkbox"/> OUT	Thermometers provided and accurate (EM)
40.	<input type="checkbox"/> OUT	Wiping cloths: properly used and stored (ES)

**Physical Facilities**

41.	<input checked="" type="checkbox"/> OUT	Plumbing, Plumbing Fixtures, proper backflow devices (EM/FM) COMPLY BY: 10/24/2014
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**FIRST NOTICE**

Observed plumb lines being drained to the floor sink under the ice bin without a proper air gap.

Discharge/Drain liquid waste from equipment into a floor sink or other approved receptacle by means of indirect waste pipes via a minimum of one inch air gap.

The potable water supply shall be protected with a backflow or back siphonage protection device, as required by applicable plumbing codes. (114192) All plumbing and plumbing fixtures shall be installed in compliance with local plumbing ordinances, shall be maintained so as to prevent any contamination, and shall be kept clean, fully operative, and in good repair. Any hose used for conveying potable water shall be of approved materials, labeled, properly stored, and used for no other purpose. (114171, 114189.1, 114190, 114193, 114193.1, 114199, 114201, 114269)

42.	<input type="checkbox"/> OUT	Garbage and refuse properly disposed; facilities maintained (WM)
43.	<input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned (R)
44.	<input type="checkbox"/> OUT	Premises; personal/cleaning items; vermin-proofing (FM/EP)

**Permanent Food Facilities**

45.	<input type="checkbox"/> OUT	Floors, walls and ceilings: built, maintained, and clean. Fully Enclosed (FM/FSa)
46.	<input type="checkbox"/> OUT	No unapproved private homes/living or sleeping quarters (FM/EP)

**Signs/Requirements**

47.	<input type="checkbox"/> OUT	Signs (Handwash, No Smoking, No Restroom) posted; last inspection report available (FM)
48.	<input type="checkbox"/> OUT	Inspection Summary Report (FM)

**Compliance/And/Enforcement**

49.	<input type="checkbox"/> OUT	Plan Review (FM)
50.	<input type="checkbox"/> OUT	Permits Available (FM)
51.	<input type="checkbox"/> OUT	Impoundment (EM)
52.	<input type="checkbox"/> OUT	Permit Suspension
53.	<input type="checkbox"/> OUT	Menu Labeling/Nutritional Information (FSL)
54.	<input type="checkbox"/> OUT	Trans Fats (FSL)
55.	<input type="checkbox"/> OUT	Plastic Bag Ban
56.	<input type="checkbox"/> OUT	Other
57.	<input type="checkbox"/> OUT	Other

**Measured Observations**

Item/Location	Measurement	Comments
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DBA MIKO'S SPORTS LOUNGE	Site Address 710 W WILLOW ST	City/State LONG BEACH, CA	Zip Code 90806	Inspection Date 09/24/2014	Service Code 001
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During an inspection of the premises at the above address, the following violation (s) were noted which require correction within the time indicated :

quat. sanitizer/3 COMP. SINK	0 PP	at start of inspection
hot water/3 comp. sink	136 F	
quat. sanitizer/3 comp. sink	200 PP	

**Overall Inspection Comments:**  
 A re-inspection of the following corrections need from official inspection reports dated 2/25/14 and 6/24/14 has been corrected. Facility has no potentially hazardous foods.

**Signatures**

SIGNING FOR RECEIPT OF THE ABOVE NOTICE IS NOT AN ADMISSION OF THE FACTS OF THE VIOLATIONS SET FORTH THEREIN.

Received By: Tamiko Lewis  
 Title: PIC

N/A

Reinspection Date  
 (on or after date)

EH Representative: VANNA KHO  
 Phone: (562) 570-4306  
 Email:

A \$205.00\* re-inspection fee will be charged when violations noted during an inspection are not corrected prior to the re-inspection date. A re-inspection will occur on or after: N/A  
 \*Fee is subject to change





CITY OF LONG BEACH  
 BUREAU OF ENVIRONMENTAL HEALTH  
 DEPARTMENT OF HEALTH & HUMAN SERVICES



# INSPECTION SUMMARY REPORT

NAME OF FOOD FACILITY: Miko's Sports Lounge

DATE OF INSPECTION:

ADDRESS: 710 W. Willow St.

9-24-14

## FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE HEALTH & SAFETY CODE

NO MAJOR VIOLATIONS OBSERVED

MAJOR VIOLATIONS OBSERVED IN THE FOLLOWING AREAS:

- |  |   |
|--|---|
| <input type="checkbox"/> EMPLOYEE PRACTICES    | <input type="checkbox"/> FOOD TEMPERATURE             |
| <input type="checkbox"/> EQUIPMENT MAINTENANCE | <input type="checkbox"/> FOOD SOURCE & LABELING       |
| <input type="checkbox"/> EQUIPMENT SANITATION  | <input type="checkbox"/> PEST CONTROL                 |
| <input type="checkbox"/> FACILITY MAINTENANCE  | <input type="checkbox"/> RESTROOMS                    |
| <input type="checkbox"/> FACILITY SANITATION   | <input type="checkbox"/> UTENSIL WASHING & SANITIZING |
| <input type="checkbox"/> FOOD HANDLING         | <input type="checkbox"/> WASTE MANAGEMENT             |
| <input type="checkbox"/> FOOD STORAGE          | <input type="checkbox"/> WATER SUPPLY & TEMPERATURE   |

~~A COMPLETE INSPECTION REPORT CAN BE VIEWED AT THIS FACILITY AND IS AVAILABLE AT THE HEALTH DEPARTMENT~~

EL REPORTE COMPLETO DE SALUD DE ESTE LOCAL PUEDE SER REVISADO EN ESTE ESTABLECIMIENTO Y ESTÁ DISPONIBLE EN EL DEPARTAMENTO DE SALUD  
 Para información llame al (562) 570-4132

លិខិតផលនៃការពិនិត្យទាំងមូល សម្រាប់សុខភាព អ្នកអាចស្នើរកបាន នៅកន្លែងនេះ ដើម្បីរកឃើញ ក្រសួងបម្រើសុខភាពសាធារណៈ  
 សម្រាប់ព័ត៌មាន សូមទូរស័ព្ទ (៥៦២) ៥៧០-៤១៣២

TAMPERING OR REMOVAL OF THIS REPORT IS A VIOLATION OF L.B.M.C. 8.45.070

Department of Health & Human Services  
 2525 Grand Ave. Long Beach, CA 90815

01391

For information call (562) 570-4132  
[www.longbeach.gov/health/eh](http://www.longbeach.gov/health/eh)



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2525 Grand Avenue, Room 220, Long Beach, CA 90815 – Telephone (562) 570-4132

Owner Name Enaid's Way Inc.	OFFICE HEARING REPORT	Date: 10-22-14 Time:
Facility Name Miko's Sports Lounge	Site Address 710 W. Willow St.	
Mailing Address 710 W. Willow St.		

**Request for Office Hearing**

1. California Retail Food Code Chapter 4, Article 3, and Section 114021:  
Failure to properly obtain food from an approved source as noted on O.I.R. dated 10-21-14 and 6-25-14.
2. California Retail Food Code Chapter 13 Article 1, and Section 114381:  
Failure to operate within the scope of the Health Permit that facility was approved for, as noted on O.I.R. dated 10-21-14 and 6-25-14.

US Mail

TBA

Vanna Kho 562-570-4306

Leila Judd 562-570-4152

Received By

Re-inspection Date

Representative

Sanlt. #	Program Element
J02/006	1165
Service Code	Permit License:
011	HF00016794



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 2525 Grand Avenue, Long Beach, CA. 90815 • Telephone 562-570-4132

Owner/Occupant Phone  
 Demetrious Yancy

Owner/Occupant Name  
 Mikos Bar

**OFFICIAL INSPECTION REPORT**

Date 10/21/14 Time In 5:05 PM

Situs Address 710 W. Willow St.

Mailing Address  
 (If Different)

During an inspection of the premises at the above address, the following violation(s) were noted which require correction within the time indicated.

	CORRECTION DATE
<u>FINAL NOTICE</u>	
① Immediately cease cooking/preparing food without the required kitchen, exhaust, preparation area, warewashing area, etc.	
② Any catering services provided by this facility must be licensed by a local health jurisdiction. Observed "caterer" who says she has no valid health permit. (Tamiko Brewster is "caterer").	
an office hearing may be scheduled to discuss repeat violations of this nature.	

SIGNING FOR RECEIPT OF THE ABOVE NOTICE IS NOT AN ADMISSION OF THE FACTS OF THE VIOLATION(S) SET FORTH HEREIN

Received By [Signature] Reinspection Date forthwith Representative LJudd / VKho.

Sanit. 06/02	Program Element	DT.	CT:
Service 004			
Permit License		Computer Number	
Certified Employee	Cert. No.	Exp. Date	

A ~~\$100.00~~<sup>205</sup> reinspection fee will be charged when violations noted during an inspection are not corrected prior to the inspection date. A reinspection will occur on or after forthwith



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2525 Grand Avenue, Room 220, Long Beach, CA 90815 – Telephone (562) 570-4132

Owner Name Dmaitresse Yancy	OFFICE HEARING REPORT	Date: 11/12/14	Time: 3:44 PM
Facility Name Miko's Sports Lounge	Site Address 710 W. Willow St.		
Mailing Address 710 W. Willow St., Long Beach, CA 90806			

### Office Hearing

Health Department Representatives, Keith Allen, Leila Judd and Vanna Kho, met with owner Dee Dee Yancey and HR Pat Scott of Miko's Sports Lounge. We discussed the serious, repeated violations listed below, the applicable corrective actions that the owner commits to, and the Health Department requirements as directed by the California Retail Food Code (CalCODE):

Violation #1: Failure to properly obtain food from an approved source.

California Retail Food Code Chapter 4, Article 3, and Section 114021.

Violation #2: Failure to operate within the scope of the Health permit that facility was approved for.

CalCode Chapter 13 Article 1 Section 114381

Health Department requirements: Miko's Sports Lounge should verify any caterer's current/valid health permit. Licensed caterer must have a health permit in jurisdiction the working kitchen is located. All food needs to be brought in already prepared as facility does not have proper equipment. Licensed caterer will be responsible for dispensing/serving of catered food. All potentially hazardous foods will be transported and held at or below 41 °F or above 135 °F at all times. Licensed caterer cannot bring portable 3 compartment sink for washing due to facility 3 compartment sink is too small for chafing dishes used. All equipment used at facility must be commercial, ANSI approved. All non-bar equipment must be removed from facility.

U.S. MAIL

ANYTIME

Vanna Kho (562) 570-4306  
Leila Judd (562) 570-4152  
Keith Allen (562) 570-4161

Received By	Re-inspection Date	Representative
Sanit. # . 002/006	Program Element 1165	
Service Code 049	Permit License HF00016794	



CITY OF LONG BEACH  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 BUREAU OF ENVIRONMENTAL HEALTH  
 2525 Grand Avenue, Room 220, Long Beach CA 90815  
 Telephone 562-570-4132 Fax 562-570-4038  
 www.longbeach.gov



**FOOD PROGRAM  
 OFFICIAL INSPECTION REPORT**

Owner/Operator/PIC: Tainko-Louis	Inspection Date 11-24-14	Time In 1:45 P.M.
DBA MIKO'S SPORTS LOUNGE	Permit, License # [REDACTED]	Compliance Date 11-24-14
Site Address 710 W. Willow St.	Program Element 165	Service Code 001

**CERTIFICATION OF COMPLIANCE**

The Long Beach Department of Health and Human Services, Bureau of Environmental Health Food Program, has conducted a routine and/or complaint inspection of the above described facility, and violation(s) were noted which require correction within the time indicated:

1. Correct the violation(s) as specified in the Official Inspection Report before the compliance date. Upon completion of the corrections, submit this signed form thereby certifying that all violations have been corrected within the given time period.
2. There may be specific circumstances whereby a violation cannot be corrected before the compliance date. Contact your inspector prior to the compliance date and explain the status of the repairs and request an extension by telephone.
3. Once the violation(s) have been corrected, complete and sign the section below, certifying compliance and mail, fax or scan and e-mail this form by the compliance date. The mailing address and fax number are detailed at the top of this form. Retain yellow copy for your records.
4. Provide/Attach all copies of any applicable receipts or photographs to document any repairs to your facility or professional pest control treatments.

SIGNING FOR RECEIPT OF THE ABOVE NOTICE IS NOT AN ADMISSION OF THE FACTS OF THE VIOLATIONS SET FORTH THEREIN.

 Received By	 EH Representative
[REDACTED] Facility Telephone	mikos@sportslounge.com Facility E-mail

**CERTIFICATION OF COMPLIANCE**

I hereby certify under penalty of perjury that all violation(s) observed during the above referenced inspection have been corrected as specified in the Official Inspection Report. I understand that I will be required to provide proof of compliance upon request to the Long Beach Department of Health and Human Services Bureau of Environmental Health Food Program Inspector.

 Print Name	Owner Title	 Authorized Signature
[REDACTED] Telephone	[REDACTED] E-mail	11/12/14 Date

Inspection fee \$ 705 \* may be charged when violations noted during an inspection are not corrected prior to the compliance date.  
 \*Fee is subject to change

White Copy - File

Yellow Copy - Operator

Pink Copy - EH Representative