



Public Health Services

Environmental Health Division

RETAIL FOOD FACILITY INSPECTION REPORT

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| ESTABLISHMENT NAME MOZAMBIQUE RESTAURANT | ESTABLISHMENT ADDRESS 1740 S Coast Hwy Laguna Beach CA 92651-3252 |
| IDENTIFIER MOZAMBIQUE RESTAURANT: ROOF DECK BAR | OWNER MOZAMBIQUE RESTAURANTS LLC |
| ESTABLISHMENT TYPE SATELLITE | RECORD ID PR0093007 |
| MAILING ADDRESS 1740 S Coast Hwy Laguna Beach CA, 92651-3252 | SERVICE Routine Inspection |
| | INSPECTION DATE 09/11/2023 |
| | RESULT CLOSED |
| | REINSPECTION DATE |

Based on an inspection this day, the compliance status (IN, MAJ, MIN, OUT, N/A, N/O, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health & Safety code sections and the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor OUT = Out of Compliance N/A = Not Applicable N/O = Not Observed COS = Corrected on Site

CRITICAL RISK FACTORS

| IN | MAJ | MIN | N/A | N/O | EMPLOYEE KNOWLEDGE | COS |
|---|-----|-----|-----|-----|---|-----|
| ● | | | | | 1. Demonstration of knowledge | |
| ● | | | | | 2. Food manager certification; food handler cards | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | |
| ● | | | | | 3. Communicable disease; reporting, restrictions & exclusions | |
| ● | | | | | 4. No discharge from eyes, nose, & mouth | |
| ● | | | | | 5. Proper eating, tasting, drinking, or tobacco use | |
| PREVENTING CONTAMINATION BY HANDS | | | | | | |
| ● | | | | | 6. Hands clean and properly washed; gloves used properly | |
| ● | | | | | 7. Adequate handwashing facilities supplied & accessible | |
| TIME & TEMPERATURE RELATIONSHIPS | | | | | | |
| | | | ● | | 8. Proper hot & cold holding temperatures | |
| | | | ● | | 9. Time as a public health control; procedures & records | |
| | | | ● | | 10. Proper cooling methods | |
| | | | ● | | 11. Proper cooking time & temperatures | |
| | | | ● | | 12. Proper reheating procedures for hot holding | |

| IN | MAJ | MIN | N/A | N/O | PROTECTION FROM CONTAMINATION | COS |
|---|-----|-----|-----|-----|--|-----|
| ● | | | | | 13. Returned & reservice of food | |
| ● | | | | | 14. Food in good condition, safe & unadulterated | |
| ● | | | | | 15. Food contact surfaces: clean & sanitized | |
| FOOD FROM APPROVED SOURCES | | | | | | |
| ● | | | | | 16. Food obtained from approved source | |
| | | | ● | | 17. Compliance with shell stock tags, condition, display | |
| | | | ● | | 18. Compliance with Gulf Oyster Regulations | |
| ADDITIONAL CRITICAL RISK FACTORS | | | | | | |
| | | | ● | | 19. Compliance with variance, specialized process, & HACCP | |
| | | | ● | | 20. Consumer advisory provided for raw or undercooked foods | |
| | | | ● | | 21. Licensed health care facilities/public & private schools: prohibited foods not offered | |
| ● | | | | | 22. Hot & cold water available | |
| ● | | | | | 23. Sewage & wastewater properly disposed | |
| | | | ● | | 24. No rodents, insects, birds, or animals | |

GOOD RETAIL PRACTICES

| OUT | SUPERVISION | COS |
|---|--|-----|
| | 25. Person in charge present & performs duties | |
| | 26. Personal cleanliness & hair restraints | |
| GENERAL FOOD SAFETY REQUIREMENTS | | |
| | 27. Approved thawing methods used, frozen food | |
| | 28. Food separated & protected | |
| | 29. Washing fruits & vegetables | |
| | 30. Toxic substances properly identified, stored, used | |
| FOOD STORAGE/DISPLAY/SERVICE | | |
| | 31. Food storage; food storage containers identified | |
| | 32. Consumer self-service | |
| | 33. Food properly labeled & honestly presented | |

| OUT | EQUIPMENT/UTENSILS/LINENS | COS |
|----------------------------|--|-----|
| | 34. Nonfood contact surfaces clean | |
| | 35. Warewashing facilities: installed, maintained, used; test strips | |
| | 36. Equipment/utensils approved; installed; good repair, capacity | |
| | 37. Equipment, utensils & linens; storage & use | |
| | 38. Adequate ventilation & lighting; designated areas, use | |
| | 39. Thermometers provided & accurate | |
| | 40. Wiping cloths: properly used & stored | |
| PHYSICAL FACILITIES | | |
| | 41. Plumbing; proper backflow devices | |
| | 42. Garbage & refuse properly disposed; facilities maintained | |
| | 43. Toilet facilities: properly constructed, supplied, cleaned | |
| | 44. Premises; personal/cleaning items; vermin-proofing | |

| OUT | PERMANENT FOOD FACILITIES | COS |
|-------------------------------------|---|-----|
| | 45. Floors, walls, ceilings: built, maintained, & clean | |
| | 46. No unapproved private homes/living or sleeping quarters | |
| SIGNS/REQUIREMENTS | | |
| | 47. Signs posted; last inspection report available | |
| | 48. Plan review | |
| | 49. Health Permit | |
| COMPLIANCE & ENFORCEMENT | | |
| ● | 50. Permit Suspension - Imminent Health Hazard | |
| | 51. Notice of Violation - Hearing | |
| | 52. Permit Suspension | |
| | 53. Voluntary Condemnation & Destruction (VC&D) | |
| | 54. Impoundment | |
| | 55. Sample Collected | |



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24. No rodents, insects, birds, or animals - MIN

Inspector Comments: Observed numerous fruit flies at the bar area. Use any approved method for eliminating fruit flies from the food facility, and thoroughly clean and sanitize all affected surfaces.

Violation Description: Each food facility shall be kept free of insects, birds, animals, or vermin: rodents (rats, mice), cockroaches, flies. (114259, 114259.1, 114259.4, 114259.5)

50. Permit Suspension - Imminent Health Hazard - OUT

Inspector Comments: IMMEDIATE HEALTH PERMIT SUSPENSION AND CLOSURE

The permit to operate the above named food facility is hereby temporarily suspended, and the facility is ordered immediately closed under the authority of Sections 114405 and 114409 of Division 104, Part 7, Chapter 13, Article 3 of the California Health and Safety Code. The attached Inspection Report specifies the conditions that warrant this closure and the Sections of the law that are being violated.

Any food facility for which the permit has been temporarily suspended shall cease all food handling, close and remain closed until all conditions warranting the closure are corrected and your permit has been reinstated by a representative of Environmental Health.

You are hereby notified that you have the right to request a hearing, within 15 calendar days after service of this Notice to show cause why the permit suspension is not warranted. Your failure to request a hearing within 15 calendar days shall be deemed a waiver of your right to a hearing.

An owner, manager or operator who fails to comply with this Closure Notice may be found guilty of a misdemeanor, with a possible fine of \$1,000.00 and/or imprisonment for not more than six months for each offense.

This Health Permit Suspension and Closure Notice is issued to you under the authority of the California Health and Safety Code, Division 104, Part 7, Chapter 13, Article 3. Copies of the Code Sections referred to herein may be reviewed at most public libraries, the Internet, or at Environmental Health.

Contact this office at the number noted on this report, during normal days of business to request a re-inspection, or if you have any questions.

If you are calling after 5:00 pm or on weekends, leave a message at (714) 433-6419 and an inspector/on call staff will call you back at their earliest convenience. Please make after hour request calls before 8:00 pm. The afterhours overtime rate through June 30, 2023 is \$45.75 per quarter hour, or fraction thereof; time charged includes all travel time.

The CLOSED notification seal was issued this date.

REASON FOR CLOSURE: evidence of cockroach infestation at the main kitchen/ first floor bar (PR0011650/ PR0114379). See 09/11/23 routine inspection reports for more details.

Violation Description: If an imminent health hazard is found, an enforcement officer may temporarily suspend the permit and order the food facility immediately closed. (114409)



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The purpose of this visit is to conduct a routine inspection. On this date, the health permit is suspended due to evidence of cockroach infestation at the main kitchen/ first floor bar (PR0011650/ PR0114379). See 09/11/23 routine inspection reports for more details. This food facility is a satellite facility dependent on the main kitchen; the health permit may be reinstated once the main kitchen/ first floor bar permits are reinstated.

Food Manager Certificate: C. Lopez, 05/10/28



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Name: I. Spiers

Title: Owner

Signing for the receipt of the above report is not an admission of the facts of the violation set forth herein.

Inspector:

J. Corbett

Environmental Health Specialist I

(714) 720-1211

JCorbett@ochca.com

Did you know that effective January 1, 2021, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to the recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit ohealthinfo.com.

1241 EAST DYER ROAD, SUITE 120, SANTA ANA, CA 92705-5611

DA10038267

www.ohealthinfo.com/eh

(714) 433-6000