



CONSUMER PROTECTION PROGRAM
RETAIL FOOD INSPECTION REPORT
San Francisco Department of Public Health
Environmental Health Branch
www.sfdph.org/dph/eh
415-252-3800

| | |
|-------------------|-------------------------|
| Date | 08/13/2025 |
| Time In | 11:15 AM |
| Time Out | 11:45 AM |
| Inspection Type | Routine |
| Reinspection Date | On or After: 08/20/2025 |

| | | | |
|---|----------------------------------|------------------------------------|-------------------------------|
| Facility Name (DBA) GIDDY | | | |
| Facility Address 2299 MARKET ST STE B SAN FRANCISCO CA 94114 | | | |
| Owner GIDDY LLC | | Certified Food Safety Manager | Expiration Date |
| Business Email MKMUELLER6@GMAIL.COM | Business Phone (415) 298-2499 | License Certificate 20121534987 | Expiration Date 03/31/2026 |

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| FACILITY STATUS |
| PASS |
| CONDITIONAL PASS |
| CLOSURE |

The violations indicated below are California Retail Food Code violations and must be corrected.
Reinspection Fee Applicable for Major violations

| OUT = Not in compliance | | | | | | | MAJ = Major violation | | MIN = Minor violation | | COS = Corrected on site | | NO = Not Observed | | NA = Not Applicable | | |
|---------------------------------------|--|--|--|--|--|--|-----------------------|-----|-----------------------|----|-------------------------|----------------------------------|---|-------------|---------------------|-----|-----|
| CRITICAL RISK FACTORS | | | | | | | GOOD RETAIL PRACTICES | | | | | | | | | | |
| | | | | | | | OUT | | | | | | | SUPERVISION | | OUT | COS |
| EMPLOYEE HEALTH, HYGIENE, & KNOWLEDGE | | | | | | | MAJ | MIN | COS | NO | NA | 24 | Person in charge present and performs duties | | | | |
| 1a | Demonstration of Knowledge | | | | | | | | | | | 25 | Personal cleanliness and hair restraints | | | | |
| 1b | Food Safety Manager Certification and Food Handler Card | | | | | | | | | | | GENERAL FOOD SAFETY REQUIREMENTS | | | | | |
| 2 | Communicable disease; reporting, restrictions & exclusions | | | | | | | | | | | 26 | Approved thawing methods in use | | | | |
| 3 | No discharge from eyes, nose and mouth | | | | | | | | | | | 27 | Food separated and protected | | | | |
| 4 | Proper eating, tasting, drinking or tobacco use | | | | | | | | | | | 28 | Washing fruits and vegetables | | | | |
| PREVENTION OF CONTAMINATION BY HANDS | | | | | | | | | | | | 29 | Toxic substances properly identified, stored and used | | | | |
| 5 | Hands clean and properly washed; proper glove use | | | | | | | | | | | FOOD STORAGE/DISPLAY/SERVICE | | | | | |
| 6 | Adequate hand washing facilities; supplied and accessible | | | | | | | | | | | 30 | Food storage; food storage containers identified | | | | |
| TIME AND TEMPERATURE RELATIONSHIP | | | | | | | | | | | | 31 | Consumer self service | | | | |
| 7 | Proper hot and cold holding temperatures | | | | | | | | | | | 32 | Food properly labeled & honestly presented | | | | |
| 8 | Time as a public health control; procedures & records | | | | | | | | | | | EQUIPMENT/ UTENSILS/LINENS | | | | | |
| 9 | Proper cooling methods | | | | | | | | | | | 33 | Nonfood contact surfaces clean | | | | |
| 10 | Proper cooking time and temperature | | | | | | | | | | | 34 | Warewash facilities: installed, maintained, used; test strips | | | | |
| 11 | Proper reheating for hot holding | | | | | | | | | | | 35 | Equipment approved; clean; installed; good repair; capacity | | | | |
| PROTECTION FROM CONTAMINATION | | | | | | | | | | | | 36 | Equipment, utensils and linens: storage and use | | | | |
| 12 | Returned and re-service of food | | | | | | | | | | | 37 | Adequate ventilation and lighting; designated areas, use | | | | |
| 13 | Food in good condition, safe, and unadulterated | | | | | | | | | | | 38 | Thermometers provided and accurate | | | | |
| 14 | Food contact surfaces: clean and sanitized | | | | | | | | | | | 39 | Wiping cloths; properly used and stored | | | | |
| FOOD FROM APPROVED SOURCES | | | | | | | | | | | | PHYSICAL FACILITIES | | | | | |
| 15 | Food from Approved Source | | | | | | | | | | | 40 | Plumbing; proper backflow devices | | | | |
| 16 | Compliance with shell stock tags, condition, display | | | | | | | | | | | 41 | Refuse properly disposed & area maintained | | | | |
| 17 | Compliance with Gulf Oyster Regulations | | | | | | | | | | | 42 | Toilet facilities: facilities properly maintained | | | | |
| ADDITIONAL CRITICAL RISK FACTORS | | | | | | | | | | | | 43 | Premises; personal/cleaning items; vermin proofing | | | | |
| 18 | Compliance with variance, specialized processes & HACCP | | | | | | | | | | | 44 | Floors, walls and ceiling: built, maintained and clean | | ✕ | | |
| 19 | Consumer advisory provided for raw or undercooked foods | | | | | | | | | | | 45 | No unapproved living or sleeping quarters | | | | |
| 20 | Licensed health care facilities/public & private schools: prohibited foods not offered | | | | | | | | | | | SIGNS/REQUIREMENTS | | | | | |
| 21 | Hot and cold running water available | | | | | | | | | | | 46 | Signs posted; last inspection report available | | | | |
| 22 | Sewage and wastewater properly disposed | | | | | | | | | | | 47 | Valid Permit & License Certificate available | | | | |
| 23 | No insects, rodents, birds or nonservice animals | | | | | | | | | | | 48 | Plan Review | | | | |

| COMPLIANCE & ENFORCEMENT | | | | |
|---|---|--|--------------------------------|--|
| Permit Suspension The permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice to show cause of why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived. | Notice of Abatement Conference Issued / Citation Issued | | Unpermitted Food Facility | |
| | Voluntary Condemnation & Destruction | | Documents or Referral Required | |
| | Samples / Impoundment / Embargo | | Reinspection Fee Applicable | |

| SIGNATURES OF ACKNOWLEDGMENT | | | |
|--------------------------------------|-----------------------------------|---|-------------------------|
| Inspector (REHS) Katherine Tuazon | Inspector Phone (415) 252-3865 | Inspector Email katherine.tuazon@sfdph.org | Inspector Signature |
| Received by (Print name) Mary | | Received by Signature | |



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44 - FLOORS, WALLS AND CEILING: BUILT, MAINTAINED AND CLEAN

Observation: Clean the observed candy and debris accumulation underneath the metro rack shelves in the back storage room.

- NOTES

Observation: inspection time includes travel

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