



County of Sacramento

Retail Food Facility

Official Inspection Report

Date: 05/08/2017
 Time In: 4:20 pm
 Time Out: 5:30 pm
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Facility Name: VALLEY OAKS FOOD & FUEL Permit Holder: BALVIR KAUR
 Address: 14161 RIVER RD City: Walnut Grove Zip Code: 95690 Phone (916)776-1611

CT 99.00	FA FA0030893	PR PR0011656	PE 1612	Type of Inspection: Reinspection
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Program Identifier:

Items listed on this report as violations do not meet the requirements set forth in the California Health and Safety Code commencing with section 7; 113700. All violations must be corrected within specified timeframe. *Violations that are classified as "Major" pose an immediate threat to public health and have the potential to cause foodborne illness. All major violations must be corrected immediately. Non-compliance may warrant immediate closure of the food facility.*

OVERALL INSPECTION COMMENTS

OBSERVATIONS

Name on Food Safety Certificate	Expiration Date
Warewash Chlorine (Cl) _____ ppm Quaternary Ammonia (QA) _____ ppm Heat _____ ° F Iodine _____ ppm Water/Hot Water Ware Sink Temp _____ ° F Hand Sink Temp _____ ° F Wiping Cloth _____ ppm Cl	

FOOD ITEM / LOCATION / TEMP ° F DOCUMENTATION

No Temperature Data Reported

NOTES

Four bags of Gehls cheese sauce impounded at time of re-inspection by Health Officer representing CDPH.

Re-inspection conducted to reopen facility for sale of prepackaged food items only. Facility is not allowed to sell open food products such as hot dogs on roller grill, soda drinks from soda fountain, ice, regular, and gourmet coffee beverages.

Copies of invoices/receipts were provided and collected.

Reinspection and Reinstatement of Permit

The facility has been reinspected and the violations for which the Environmental Health Permit to Operate was suspended have been corrected. The permit is hereby reinstated and the closure order is rescinded.

STATUS
<input checked="" type="checkbox"/> GREEN - Pass
<input type="checkbox"/> YELLOW - Conditional Pass; Reinspection required
<input type="checkbox"/> RED- Closed; Suspension of permit to operate
<input type="checkbox"/> Placard program not applicable at this time
ACTIONS
<input type="checkbox"/> Photographic documentation obtained
<input type="checkbox"/> Compliance conference required
<input type="checkbox"/> Food / equipment impounded (50)
<input type="checkbox"/> Food safety education required; # of employees _____
<input type="checkbox"/> Permit Suspension; facility closure required (51)

The person in charge is responsible for ensuring that the above mentioned facility is in compliance with all applicable sections of the California Health and Safety Code. If a reinspection is required, fees may be assessed as authorized by current Sacramento County Code, Chapter 6.99.150.

Accepted by:

Name and Title: Kammy Sahota / Employee

Specialist: J. Choi Phone: (916)875-8446

Co-Inspector: _____