

EMD016020+DA10021039+02-29-2024



County of Sacramento

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Retail Food Facility Official Inspection Report

ESTABLISHMENT NAME: SMOKEY OAKS TAVERN		Permit Holder: B	& N RESTAURANTS LP	
Address: 9634 Fair Oaks Blvd	City	Fair Oaks	Zip Code <u>95628</u>	Phone (916) 536-9330
FA FA0002979	PR PR0003281		Type of Inspection REINSPECTION	
Program Identifier				
Items listed on this report as violations do not meet. All violations must be corrected within specified time potential to cause foodborne illness. All major violations	eframe. Violations that are clas	ssified as "Major" pos	se an immediate threat to public h	ealth and have the

23. VERMIN AND ANIMAL CONTAMINATION

Observations: Observed about 5 droppings in bar area, primarily around milk crate above floor sink.

Observed about 5 droppings in staff restroom in cabinet below handwash sink.

Observed more than 20 droppings around water heater (difficult to access area due to extra unused equipment).

All other areas have been cleaned and sanitized. Pest control arrived on site during reinspection. Per pest control employee, last visit was on 2/23/24 for outside service only. Per pest control employee, facility is serviced monthly for exterior and serviced as needed for interior. Pest control employee arrived with metal mesh to eliminate holes/gaps.

Email pest control report from 2/29/24 to torresem@saccounty.gov within 48 hours.

Code Description: A food facility shall at all times be equipped, maintained, and operated as to prevent the entrance and harborage of animals, birds, and vermin, including, but not limited to rodents and insects. Service animals as defined in section 113903 may be permitted in areas that are not used for food preparation and that are usually open for consumers if a health or safety hazard will not result from the presence or activities of the service animal. (113903, 114259, 114259.1, 114259.4, 114259.5)

44e.VERMIN AND ANIMAL EXCLUSION

Observations: Observed holes/gaps in walls/ceiling in the following areas:

- missing panel above walk-in cooler
- hole in wall in dry storage about eye level
- hole and damage to wall in dry storage around mesh patch
- holes and damage to wall in employee restroom above coving
- holes and major damage to wall in mop sink / janitorial closet above coving

Pest control was present on site during inspection and had metal mesh to cover all holes and gaps. Send photos to torresem@saccounty.gov within 48 hours.

Code Description: A food facility shall at all times be constructed, equipped, and maintained as to prevent the entrance and harborage of animals, birds, and vermin, including, but not limited to, rodents and insects. Doors opening to outside air shall have a self-closing device and have no gaps greater than 1/4 inch when closed. Insect control devices shall be installed so that the devices are not located over a food or utensil handling areas. Pass-thru windows shall be of an approved size and be equipped with a self-closing device and air curtain if required. (114259, 114259.2, 114259.3)



ACTIONS

Photographic documentation obtained

Compliance conference required

☐ Food safety education required; # of employees

□ Permit Suspension; facility closure required

☐ Food / equipment impounded (50)

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OBSERVATIONS							
Name on Food Safety Certificate		E	xpiration Date				
Warewash Chlorine (CI)ppm Qua	aternary Ammonia (QA) _	ppm	Heat°F	DDBSA	ppm		
Water/Hot Water Ware Sink Temp	°F Hand Sink Temp	°F	Wiping Cloth	p	om		
FOOD ITEM / LOCATION / TEMP °F DOCUME	NTATION						
NOTES A reinspection was conducted to ensure 1. Functional handwash sink in cook's li 2. Clean and sanitize affected areas an 3. Seal cracks/crevices and eliminate per 4. Begin to eliminate clutter behind facily than the behind	ine d equipment otential vermin harbo lity ected areas/equipme	rage locatio ent were clea	aned and saniti		•	progress with	
clutter behind facility. Cracks/crevices/h	ioles were still presen	it but pest co	ontrol was on s	ite to elim	inate.		
Continue to work to clean up behind face pest control report to torresem@saccou	•		machine. Send	d photos o	f covered	gaps/holes and	
A reinspection may be conducted within address other remaining violations.	n 7-14 days to verify o	continued pr	ogress. See ro	utine insp	ection repo	ort from 2/28/24 to	
STATUS	The person in charge is	responsible fo	r ensuring that the	above ment	ioned facility	is in compliance with all	
☑ GREEN - Pass	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.						
☐ YELLOW - Conditional Pass; Reinspection required	assessed as additionized by durient Sacramento County Code, Chapter 6.55. 150.						
□ RED- Closed; Suspension of permit to operate]						
☐ Placard program not applicable at this time	Accepted by:						

Phone:

(916) 639-3407

Name and Title: emailed to / Steve

E. Torres

Specialist:

Co-Inspector: