



Date:	03/21/2024
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ESTABLISHMENT NAME: JIMBOY'S TACOS Permit Holder: ROPER FOOD SERVICE INC

Address: 7300 Laguna Blvd Ste 6 City Elk Grove Zip Code 95758 Phone (916) 683-2233

FA FA0032492	PR PR0066203	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.



County of Sacramento

Retail Food Facility Official Inspection Report

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OBSERVATIONS

Name on Food Safety Certificate _____ Expiration Date _____

Warewash Chlorine (Cl) _____ ppm Quaternary Ammonia (QA) _____ ppm Heat _____ °F DDBSA _____ ppm

Water/Hot Water Ware Sink Temp 120 °F Hand Sink Temp 100 °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

beef taquitos / cold top refrigerator / 41F

cooked beans / steam table / 162F

NOTES

Reinspection was conducted due to Yellow Placard issued during routine inspection dated 03/18/224 for Hot and Cold Holding Temperatures and Restroom major violations. At time of inspection all violations remained corrected.

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

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: Emailed inspection report to Zohar / Manager

Specialist: S. Chhang Phone: (916) 591-2079

Co-Inspector: _____