





# County of Sacramento

## Retail Food Facility Official Inspection Report

Date:	02/27/2024
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ESTABLISHMENT NAME: ORIGINAL MEL'S Permit Holder: ORIGINAL MELS DEVELOPMENT CO LLC

Address: 3000 J St City Sacramento Zip Code 95816 Phone (916) 444-6357

FA FA0004375 Program Identifier	PR PR0008121	Type of Inspection REINSPECTION
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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.

### 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 \_\_\_\_\_ °F Hand Sink Temp \_\_\_\_\_ °F Wiping Cloth \_\_\_\_\_ ppm

### FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

### NOTES

Reinspection conducted to verify compliance with major violations observed at time of routine inspection on 2/26/24. All major violations remain corrected. Ensure all minor violations are corrected in the timeframes specified in the routine inspection report.

Notes:

6- All handwash stations supplied with paper towels, soap, and hot and cold running water. Corrected.

7- Whipped butter on time control. No major temperature violations observed.

9- No cooling violations observed.

5b- Observed servers donning gloves to minimize barehand contact with food prior to handling toast. Corrected.

<b>STATUS</b>
<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
<b>ACTIONS</b>
<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 to Marcia Patton / District Manager

Specialist: C. Lawrence Phone: (916) 202-6058

Co-Inspector: \_\_\_\_\_