





# County of Sacramento

## Retail Food Facility Official Inspection Report

Date:	12/08/2023
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ESTABLISHMENT NAME: TEN TEN ROOM Permit Holder: TEN TEN ROOM INC

Address: 1010 10th St City Sacramento Zip Code 95814 Phone (916) 448-4512

FA FA0001004 Program Identifier	PR PR0001009	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 DUE TO CLOSURE FOR LIVE COCKROACH INFESTATION OBSERVED ON 12/6/23. DID NOT OBSERVE ANY SIGNS OF COCKROACH INFESTATION. FACILITY'S HEALTH PERMIT IS REINSTATED AND FACILITY CAN BEGIN FOOD PREPARATION.

<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: SENT VIA EMAIL / TYLER WILLIAMS / OWNER

Specialist: C. Lee Phone: (916) 217-6834

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