



Date:	01/25/2024
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ESTABLISHMENT NAME: SUPER TACO EXPRESS Permit Holder: SUPER TACO SHELDON INC

Address: 8990 Grant Line Rd City Elk Grove Zip Code 95624 Phone (915) 647-4016

FA FA0014155	PR PR0029174	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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ESTABLISHMENT NAME: SUPER TACO EXPRESS RESTAURANT Permit Holder: SUPER TACO SHELDON INC

Address: 8990 Grant Line Rd City Elk Grove Zip Code 95624 Phone (915) 647-4016

FA FA0014155 Program Identifier	PR PR0029174	Type of Inspection REINSPECTION
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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 \_\_\_\_\_ °F Hand Sink Temp \_\_\_\_\_ °F Wiping Cloth \_\_\_\_\_ ppm

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

#### NOTES

Reinspection was conducted due to Red Placard issued during routine inspection dated 01/23/24 due to Sewage Closure violation. At time of inspection plumbing are working normally. All sinks and floor drains are in good working order. Facility is approve to reopen immediately.

<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 inspection report to Julian / Owner

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

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