



Date:	03/06/2024
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ESTABLISHMENT NAME: HOLIDAY INN CAPITOL PLAZAPermit Holder: ATRIUM HOSPITALITY

Address: 300 J St City Sacramento Zip Code 95814 Phone (916) 446-0100

FA	PR	Type of Inspection
FA0004314	PR0004765	REINSPECTION

Program Identifier	
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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.

Code Description: An adequate, protected, pressurized, potable supply of hot and cold water shall be provided at all times. Hot water shall be supplied at a minimum temperature of at least 120F when measured from the mop sink, prep sink, and warewashing sink faucet. The temperature of water provided to handwashing facilities shall be at least 100F. Handwashing facilities equipped with auto run faucets shall have their water temperature set between 100F to 108F. (113953(c), 114189, 114192, 114192.1, 114195)



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 _____ °F Hand Sink Temp _____ °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

NOTES

Reinspection conducted to follow up with major violations observed on 3/4/24 that resulted in a yellow conditional pass placard. Major violations remain corrected: observed hand sinks stocked with paper towels and hand sink, potentially hazardous foods held within proper temperature control and time logs for breakfast buffet items.

Continue to correct outstanding minor violations as noted in this reinspection report as well as the report from 3/4/26.

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: sent via email to facility / Michael Jackson, Executive Chef

Specialist: W. McConaghy Phone: (916) 591-2413

Co-Inspector: _____