



County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	01/23/2024
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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 INSPECTION
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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 Ana Expiration Date 08/04/2024

Warewash Chlorine (Cl) _____ ppm Quaternary Ammonia (QA) _____ ppm Heat _____ °F DDBSA _____ ppm
Water/Hot Water Ware Sink Temp 124 °F Hand Sink Temp 101 °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

cheese / cold top / 40F
chicken / griddle / 190F
beef / steam table / 163F
chicken / stand up warmer / 148F

NOTES

STATUS
<input type="checkbox"/> GREEN - Pass
<input type="checkbox"/> YELLOW - Conditional Pass; Reinspection required
<input checked="" 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 checked="" 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 Julian / Owner

Specialist: S. Moua Phone: (916) 261-3521

Co-Inspector: _____