





# County of Sacramento

## Retail Food Facility Official Inspection Report

Date:	04/19/2024
Page:	2 of 2

ESTABLISHMENT NAME: EL QUETZAL MARKET Permit Holder: ALEJANDRO BAUTISTA PABLO

Address: 5300 Fruitridge Rd City Sacramento Zip Code 95820 Phone (916) 942-9761

FA FA60555 <small>Program Identifier</small>	PR PR153828	Type of Inspection REINSPECTION
<p>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.</p>		

### OBSERVATIONS

Name on Food Safety Certificate N/A FOR MARKET 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

WATER TEMPERATURE NOT CHECKED AT TIME OF ROUTINE INSPECTION. WILL BE CHECKED AT RE-INSPECTION ENSURE THAT WATER TEMPERATURE IS 100-108F FOR HANDWASHING.

<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 FACILITY / ALEJANDRO, OWNER

Specialist: E. Uriarte Phone: (916) 531-2762

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