









County of Sacramento  
Retail Food Facility  
Official Inspection Report

Date:	03/20/2024
Page:	3 of 3

ESTABLISHMENT NAME: FRIENDS WITH BENEDICTS MIMOSA Permit Holder: FRIENDS WITH BENEDICTS MIMOSA HOUSE

Address: 310 Palladio Pkwy Ste 713 City Folsom Zip Code 95630 Phone (916) 618-4331

FA FA0046262 Program Identifier	PR PR0097039	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 Eliud Moreno Expiration Date 08/07/2027

Warewash Chlorine (Cl) 50 ppm Quaternary Ammonia (QA) \_\_\_\_\_ ppm Heat 125 °F DDBSA \_\_\_\_\_ ppm  
Water/Hot Water Ware Sink Temp 125 °F Hand Sink Temp 104 °F Wiping Cloth 200 ppm QA

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

pork / steam table / 157F  
beef / drawer / 41F  
gravy / walk in / 40F  
milk / reach in / 40F  
egg / cold top / 41F  
rice / walk in / 40F  
egg / walk in #2 / 40F

**NOTES**

**Inspection receives a Yellow placard**

Due to receipt of yellow placard, a reinspection will be conducted within 24-72 hours. Additional fees apply. To receive a green placard, all major violations must remain corrected. Posted placard may not be moved or blocked.

<b>STATUS</b>
<input type="checkbox"/> GREEN - Pass
<input checked="" 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 report to Eliud / Manager

Specialist: C. Dorrough Phone: (916) 214-6627

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