











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

Date:	02/15/2024
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ESTABLISHMENT NAME: INTERNATIONAL CATERING BONPermit Holder: ELENA MAZURAddress: 3701 Marysville Blvd City Sacramento Zip Code 95838 Phone (916) 712-8759

FA FA0005170 Program Identifier	PR PR0005690	Type of Inspection INSPECTION
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### OBSERVATIONS

Name on Food Safety Certificate \_\_\_\_\_ Expiration Date \_\_\_\_\_

Warewash Chlorine (Cl) \_\_\_\_\_ ppm Quaternary Ammonia (QA) 400 ppm Heat \_\_\_\_\_ °F DDBSA \_\_\_\_\_ ppmWater/Hot Water Ware Sink Temp 120 °F Hand Sink Temp 100 °F Wiping Cloth \_\_\_\_\_ ppm

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

### NOTES

<b>STATUS</b>
<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
<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: sent via email to Elena Mazur / OwnerSpecialist: M. Boatright Phone: (916) 206-2779

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