













# County of Sacramento

## Retail Food Facility

### Official Inspection Report

Date:	01/29/2024
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ESTABLISHMENT NAME: THE HABIT BURGER #184 Permit Holder: THE HABIT RESTAURANTS LLC

Address: 8124 Delta Shores Cir S Ste 100 City Sacramento Zip Code 95832 Phone \_\_\_\_\_

FA FA0052500 Program Identifier	PR PR0121237	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 Daniel Sullivan Expiration Date 07/27/2027

Warewash Chlorine (Cl) \_\_\_\_\_ ppm Quaternary Ammonia (QA) 200 ppm Heat \_\_\_\_\_ °F DDBSA \_\_\_\_\_ ppm  
Water/Hot Water Ware Sink Temp 133 °F Hand Sink Temp 128 °F Wiping Cloth 200 ppm QA

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

beef / off grill / 162F	cooked mushroom / low boy / 40F
veggie patty / low boy / 39F	chicken / low boy / 41F
sliced tomatoes / prep cooler 2 / 38F	sliced tomatoes / cold top 2 / 38F
Impossible patty / walk-in / 41F	tenderloin / walk-in / 33F

#### NOTES

Post new EMD permit upon receipt. Contact 916-875-8440 if not received.

#### 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: sent via email / Daniel Sullivan, Manager

Specialist: S. Fong Phone: (916) 217-6833

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