





County of Sacramento  
Retail Food Facility  
Official Inspection Report

Date:	04/19/2024
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ESTABLISHMENT NAME: HOMERO'S MEXICAN FOOD Permit Holder: KARINA VASQUEZ

Address: 7465 Rush River Dr City Sacramento Zip Code 95831 Phone \_\_\_\_\_

FA FA0053446 Program Identifier	PR PR0123860	Type of Inspection REINSPECTION
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 KARINA VASQUEZ Expiration Date 11/12/2027

Warewash Chlorine (Cl) 100 ppm Quaternary Ammonia (QA) \_\_\_\_\_ ppm Heat \_\_\_\_\_ °F DDBSA \_\_\_\_\_ ppm  
Water/Hot Water Ware Sink Temp 127 °F Hand Sink Temp 104 °F Wiping Cloth 100 ppm CL

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

BEEF / STEAM TABLE / 145F RICE / STEAM TABLE / 151F  
COOKED BEEF / WALK IN / 36F

**NOTES**

MAJOR VIOLATIONS OBSERVED DURING 4/18/2024 ROUTINE INSPECTION WERE ABATED DURING THE RE-INSPECTION TODAY.  
MAINTAIN AT ALL TIMES.  
FACILITY EARNS A GREEN PLACARD DURING RE-INSPECTION.  
CONTINUE TO ABATE MINOR VIOLATIONS.

<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 / KARINA VASQUEZ, OWNER

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

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