





## **County of Sacramento**

Retail Food Facility
Official Inspection Report

Date:	03/21/2024		
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ESTABLISHMENT NAME: SERRITELLA'S		Permit Holder:	SERRITELLA'S IN	VC	
Address: 6241 Fair Oaks Blvd Ste D	100	city Carmichael	Zip Code	95608	Phone (916) 482-6483
FA	PR		Type of Inspection		
FA0054675	PR0120315		REINSPE	CTION	
Program Identifier					
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.					

#### 21.HOT AND COLD WATER SUPPLY

**Observations**: Hot water was not available at handwash station by kitchen dish machine. Hot and cold water shall be available at each handwash station. Correct within 3 days. REPEAT VIOLATION

**Code Description:** An adequate, protected, pressurized, potable supply of hot and cold water shall be provided at all times. Hot water shall be supplied at a minimum temperature of at least 120F when measured from the mop sink, prep sink, and warewashing sink faucet. The temperature of water provided to handwashing facilities shall be at least 100F. Handwashing facilities equipped with auto run faucets shall have their water temperature set between 100F to 108F. (113953(c), 114189, 114192, 114192.1, 114195)



### **County of Sacramento**

# Retail Food Facility Official Inspection Report

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ESTABLISHMENT NAME: SERRI	TELLA'S	Permit	Holder: SERRI	TELLA'S INC	
Address: 6241 Fair Oaks Blv	d Ste D	city _Carm	nichael	Zip Code <u>95608</u>	Phone (916) 482-6483
FA0054675	PR PR0120315			Type of Inspection REINSPECTION	
Program Identifier	div		107		
All violations must be corrected wi	ions do not meet the requirements thin specified timeframe. Violations s. All major violations must be corre	that are classified a	s "Major" pose an	immediate threat to publ	ic health and have the
OBSERVATIONS					
Name on Food Safety Certific			Expiration Date		
Warewash Chlorine (CI) _	ppm Quaternary Ammonia		Heat°F	DDBSAppm	E .
Water/Hot Water Ware Si	nk Temp°F Hand Sink	Temp°F	Wiping Cloth	ppm	
FOOD ITEM / LOCATION / TEI	MP °F DOCUMENTATION				

### **NOTES**

Reinspection conducted due to closure of facility on 3-19-24 & 3-20-24 for cockroach infestation. Facility was serviced by professional pest control and will be serviced again. Per owner, facility is scheduled for monthly pest control service. No live cockroaches were observed at time of reinspection. Found three dying roaches beneath reach-in cooler at front prep area and around 10 dead roaches in several areas. (Areas shown to operator.) Monitoring glue boards were placed in multiple areas. Continue with aggressive pest control treatment and monitor all areas for signs of activity. Increase frequency of visits if necessary. Maintain daily cleaning and sanitation of facility to prevent vermin harborage. EMD health permit is reinstated and facility is approved to reopen.

- \* Reinspection will be conducted within 21 days to verify compliance. Reinspection fee of \$268 will apply for each reinspection.
- Ensure all minor violations from routine inspection 3-19-24 are corrected. See report for details.

### **Reinspection and Reinstatement of Permit**

The facility has been reinspected and the violations for which the Environmental Health Permit to Operate was suspended have been corrected. The permit is hereby reinstated and the closure order is rescinded.

STATUS		The person in charge is responsible for ensuring	ing that the above mentioned facility is in compliance with all	
☑ GREEN - Pass		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.		
☐ YELLOW - Cond	itional Pass; Reinspection required	assessed as authorized by current caorament	to county code, chapter 6.65. 166.	
☐ RED- Closed; Su	spension of permit to operate			
☐ Placard program	not applicable at this time	Accepted by:		
ACTIONS				
☐ Photographic dod	cumentation obtained	Name and Title: send via email to	Bonnie Prophet / owner	
☐ Compliance conf	erence required	Seria via errian to	Bonnie i Topriet 7 ovviiei	
☐ Food / equipmen	t impounded (50)	Specialist: E. Drobenyuk	Phone: (916) 599-7050	
☐ Food safety educ	cation required; # of employees	<u> </u>	(310) 333 7030	
☐ Permit Suspension	on; facility closure required	Co-Inspector:		
207		Co-Inspector:		