

















# County of Sacramento

## Retail Food Facility

### Official Inspection Report

Date:	03/20/2024
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ESTABLISHMENT NAME: PHO SAIGON BAY Permit Holder: THAI QUANG TRAN

Address: 1537 Howe Ave Ste 220 City Sacramento Zip Code 95825 Phone (916) 922-1288

FA FA0004230 Program Identifier	PR PR0004684	Type of Inspection REINSPECTION
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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 Mimi Vo Expiration Date 09/24/2026

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

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

#### NOTES

Please call EMD Accounting at 916-875-8440 in regard to lack of active Health Permit to Operate.

<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 checked="" 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: Thai Tran / Owner

Specialist: M. Cuevas Phone: (916) 639-3418

Co-Inspector: S. LePage