



County of Sacramento

Retail Food Facility Official Inspection Report

Date:	02/23/2024
Page:	2 of 2

ESTABLISHMENT NAME: INTERNATIONAL CATERING BON Permit Holder: ELENA MAZUR

Address: 3701 Marysville Blvd City Sacramento Zip Code 95838 Phone (916) 712-8759

FA FA0005170 Program Identifier	PR PR0005690	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 _____ Expiration Date _____

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

Reinspection conducted due to closure of facility on 02/15/2024, 02/20/2024, and 02/22/2024 for cockroach infestation. See observations above for cockroach activity observed. Continue with aggressive pest control treatment and monitor all areas for signs of activity. Increase frequency of visits if necessary. Seal all areas noted with gaps and holes. Maintain daily cleaning and sanitation of facility to prevent vermin harborage.

Reinspection may be conducted at a fee of \$268.00. A reinspection will be conducted between 7 - 14 days.

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 The permit is hereby reinstated and the closure order is rescinded.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
<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
ACTIONS
<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 / Owner

Specialist: M. Boatright Phone: (916) 206-2779

Co-Inspector: _____