



County of Sacramento

Retail Food Facility Official Inspection Report

Date:	02/29/2024			
Page:	1 of 2			

ESTABLISHMENT NAME: SMOKEY OAKS TAVER!	N	Permit Holder:	B & N RESTAURA	ANTS LP		
Address: 9634 Fair Oaks Blvd	City	Fair Oaks	Zip Code	95628	Phone (916) 536-93	330
FA FA0002979 P	PR0003281		Type of Inspection REINSPE	CTION		
Program Identifier						
Items listed on this report as violations do not meet the All violations must be corrected within specified timefra potential to cause foodborne illness. All major violations	me. Violations that are clas	sified as "Major	" pose an immediate th	reat to publi	lic health and have the	

23. VERMIN AND ANIMAL CONTAMINATION

Observations: Observed about 5 droppings in bar area, primarily around milk crate above floor sink.

Observed about 5 droppings in staff restroom in cabinet below handwash sink.

Observed more than 20 droppings around water heater (difficult to access area due to extra unused equipment).

All other areas have been cleaned and sanitized. Pest control arrived on site during reinspection. Per pest control employee, last visit was on 2/23/24 for outside service only. Per pest control employee, facility is serviced monthly for exterior and serviced as needed for interior. Pest control employee arrived with metal mesh to eliminate holes/gaps.

Email pest control report from 2/29/24 to torresem@saccounty.gov within 48 hours.

Code Description: A food facility shall at all times be equipped, maintained, and operated as to prevent the entrance and harborage of animals, birds, and vermin, including, but not limited to rodents and insects. Service animals as defined in section 113903 may be permitted in areas that are not used for food preparation and that are usually open for consumers if a health or safety hazard will not result from the presence or activities of the service animal. (113903, 114259, 114259.1, 114259.4, 114259.5)

44e.VERMIN AND ANIMAL EXCLUSION

Observations: Observed holes/gaps in walls/ceiling in the following areas:

- missing panel above walk-in cooler
- hole in wall in dry storage about eye level
- hole and damage to wall in dry storage around mesh patch
- holes and damage to wall in employee restroom above coving
- holes and major damage to wall in mop sink / janitorial closet above coving

Pest control was present on site during inspection and had metal mesh to cover all holes and gaps. Send photos to torresem@saccounty.gov within 48 hours.

Code Description: A food facility shall at all times be constructed, equipped, and maintained as to prevent the entrance and harborage of animals, birds, and vermin, including, but not limited to, rodents and insects. Doors opening to outside air shall have a self-closing device and have no gaps greater than 1/4 inch when closed. Insect control devices shall be installed so that the devices are not located over a food or utensil handling areas. Pass-thru windows shall be of an approved size and be equipped with a self-closing device and air curtain if required. (114259, 114259.2, 114259.3)



RED- Closed; Suspension of permit to operate

☐ Food safety education required; # of employees

Placard program not applicable at this time

Photographic documentation obtained

Compliance conference required

☐ Food / equipment impounded (50)

ACTIONS

County of Sacramento

Date: 02/29/2024 Page: 2 of 2

Retail Food Facility Official Inspection Report

Address: 9634 Fair Oaks Blvd		_ City _Fair Oa	ks	Zip Code	95628	Phone	(916) 536-9330
FA FA0002979 Program Identifier	PR PR0003281			ype of Inspection REINSPE	CTION		
Items listed on this report as violations do no All violations must be corrected within specific potential to cause foodborne illness. All major	ied timeframe. Violations that	are classified as "N	/lajor" pose an ii	nmediate th	reat to publ	ic health	and have the
OBSERVATIONS							
Name on Food Safety Certificate		Ex	piration Date			_	
Warewash Chlorine (CI)ppm Water/Hot Water Ware Sink Temp	Quaternary Ammonia (Q/		Heat°F Wiping Cloth	DDBSA p	ppm	1	
FOOD ITEM / LOCATION / TEMP °F DO	CUMENTATION				• • • • • • • • • • • • • • • • • • • •		
NOTES A reinspection was conducted to 1. Functional handwash sink in ce 2. Clean and sanitize affected are 3. Seal cracks/crevices and elimit 4. Begin to eliminate clutter behind.	ook's line eas and equipment nate potential vermin ha		S				
Handwash sink was repaired and clutter behind facility. Cracks/crev						progres	s with
Continue to work to clean up beh pest control report to torresem@s	,		nachine. Sen	d photos c	of covered	l gaps/h	oles and
A reinspection may be conducted address other remaining violation		fy continued pro	gress. See ro	utine insp	ection rep	oort fron	n 2/28/24 to
TATUS	The person in charge	ge is responsible for	ensuring that the	above ment	tioned facilit	y is in cor	mpliance with all
☑ GREEN - Pass YELLOW - Conditional Pass; Reinspection require Output Description Output Description Descriptio	assessed as author						.soc may so

Phone:

(916) 639-3407

Accepted by:

Specialist:

Name and Title: emailed to / Steve

E. Torres