



County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	02/29/2024
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ESTABLISHMENT NAME: SMOKEY OAKS TAVERN Permit Holder: B & N RESTAURANTS LP

Address: 9634 Fair Oaks Blvd City Fair Oaks Zip Code 95628 Phone (916) 536-9330

FA FA0002979 Program Identifier	PR PR0003281	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 _____ 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

A reinspection was conducted to ensure the following was addressed:

1. Functional handwash sink in cook's line
2. Clean and sanitize affected areas and equipment
3. Seal cracks/crevices and eliminate potential vermin harborage locations
4. Begin to eliminate clutter behind facility

Handwash sink was repaired and all affected areas/equipment were cleaned and sanitized. Facility made progress with clutter behind facility. Cracks/crevices/holes were still present but pest control was on site to eliminate.

Continue to work to clean up behind facility around water heater and ice machine. Send photos of covered gaps/holes and pest control report to torresem@sacounty.gov within 48 hours.

A reinspection may be conducted within 7-14 days to verify continued progress. See routine inspection report from 2/28/24 to address other remaining violations.

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: emailed to / Steve

Specialist: E. Torres Phone: (916) 639-3407

Co-Inspector: _____