



County of Sacramento

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Retail Food Facility Official Inspection Report

ESTABLISHMENT NAME: KFC #105		_	Permit Holder: HAYDEN 105 INC				
Address: 7821 Alta Valley Dr	550	City	Sacramento	Zip Code 95823 Phone (916) 682-4414			
FA	PR			Type of Inspection			
FA0001413	PR0001024			REINSPECTION			
Program Identifier							
Items listed on this report as violations do not meet at All violations must be corrected within specified time potential to cause foodborne illness. All major violati	eframe. Violations that a	re clas	ssified as "Major" pose a	an immediate threat to public health and have the			



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ESTABLISHMENT NAME: KFC #105		Permit Holder: HAYDE	:N 105 INC					
Address: 7821 Alta Valley Dr	City	Sacramento	Zip Code <u>95823</u>	Phone (916) 682-4414				
FA COO1 440	PR DD0001001		Type of Inspection					
FA0001413 Program Identifier	PR0001024		REINSPECTION					
Items listed on this report as violations do not meet to All violations must be corrected within specified time potential to cause foodborne illness. All major violati	frame. Violations that are clas	ssified as "Major" pose an	immediate threat to publ	c health and have the				
OBSERVATIONS								
Name on Food Safety Certificate		Expiration Date						
Warewash Chlorine (CI)ppm Qua Water/Hot Water Ware Sink Temp FOOD ITEM / LOCATION / TEMP °F DOCUME	aternary Ammonia (QA) _°F Hand Sink Temp	ppm Heat°F °F Wiping Cloth						
popcorn chicken / top warmer above th	The state of the s	en strins / ton warmer	ahove the main nre	n				
popcorn chicken / top warmer above the main prep chicken strips / top warmer above the main prep								
NOTES Reinspection was conducted with Missy	•							
Reinspection with reinspection fee was inspection dated 4/24/24. All major viola		npliance with major vi	olations observed du	iring routine				
Dead cockroaches were removed and e Provide next pest control report to lik@								
STATUS	The person in charge is rest	consible for ensuring that the	ne above mentioned facilit	v is in compliance with all				
☑ GREEN - Pass	The person in charge is resp applicable sections of the Ca	alifornia Health and Safety	Code. If a reinspection is	required, fees may be				
☐ YELLOW - Conditional Pass; Reinspection required	assessed as authorized by o	turrent Sacramento County	Code, Chapter 6.99.150.					
☐ RED- Closed; Suspension of permit to operate								
☐ Placard program not applicable at this time	Accorded by:							
ACTIONS	Accepted by:							
☐ Photographic documentation obtained	Name and Title: sent	via email to Rehect	ra Emmanuel / Ma	nader				
☐ Compliance conference required	Sent	VIA CITIAII LU MEDECI	sa Emmanuci / ivia	iagei				
☐ Food / equipment impounded (50)	Specialist: K. Li		Phone: (916)	531-4056				
☐ Food safety education required; # of employees	· ·		(310)					
□ Permit Suspension; facility closure required	Co-Inspector:							