





# County of Sacramento

## Retail Food Facility

### Official Inspection Report

Date:	04/05/2024
Page:	2 of 2

ESTABLISHMENT NAME: BURGER SHACK Permit Holder: MUSED AHMED NASSER

Address: 4545 Manzanita Ave City Carmichael Zip Code 95608 Phone \_\_\_\_\_

FA FA0005000 Program Identifier	PR PR0005525	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 Musidmusid Abdulla Expiration Date 03/01/2029

Warewash Chlorine (Cl) 100 ppm Quaternary Ammonia (QA) \_\_\_\_\_ ppm Heat \_\_\_\_\_ °F DDBSA \_\_\_\_\_ ppm

Water/Hot Water Ware Sink Temp 118 °F Hand Sink Temp 116 °F Wiping Cloth 0 ppm

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

#### NOTES

Reinspection conducted to follow up on MAJOR violations from routine inspection on 4/3/2024.

All major violations have been corrected. Paper towel dispenser is stocked and operational. During food prep the cook handles the raw food and another employee is on the line to assemble the ready to eat items.

Correct all other minor violations within the time frame indicated.

<b>STATUS</b>
<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
<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 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 Musidmusid Abdulla / Owner

Specialist: J. Martin Phone: (916) 591-1611

Co-Inspector: \_\_\_\_\_