





County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	04/18/2024
Page:	2 of 2

ESTABLISHMENT NAME: BLUE RICE CAFE Permit Holder: NOKNOY SOULIYONH VALENTY

Address: 820 Halidon Way City Folsom Zip Code 95630 Phone (916) 984-1285

FA FA0012578 Program Identifier	PR PR0023180	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) 200 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

Previous major violations form 4/17/24 have been corrected.

Remove flat grill and cooking equipment from facility within 7 days. Only BBQ is allowed for cooking.

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 report to Kiki / Manager

Specialist: C. Dorrough Phone: (916) 214-6627

Co-Inspector: _____