

### **County of Sacramento**

## Retail Food Facility Official Inspection Report

 Date:
 03/02/2016

 Time In:
 3:35 pm

 Time Out:
 4:20 pm

 Page:
 1 of 2

Facility Name: SUBWAY SANDWICH & SALADS #2724 Permit Holder: NEENA KHULLAR Phone (916)721-8200 Address: 7340 GREENBACK LN City: Citrus Heights Zip Code: 95621 СТ FΑ PR PF Type of Inspection: 81.19 FA0003930 PR0004348 1623 Routine

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.

#### # 7 HOT AND COLD HOLDING TEMPERATURES

**MAJOR** 

OBSERVATIONS: Meatballs inside hot holding unit measured between 120F & 165F (top to bottom of the metal insert). Reheat to 165 immediately and stir frequently to keep uniformly at/ above 135f/ higher at all times. Corrected.

CODE DESCRIPTION: Potentially hazardous foods shall be maintained at or below 41F or at or above 135F. The following foods may be held at or below 45F: raw shell eggs, unshucked live molluscan shellfish, pasteurized milk and pasteurized milk products in original sealed containers, potentially hazardous foods held during transportation. Food preparation shall not exceed two cumulative hours without a return to the required holding temperatures. (113996, 113998, 114037)

For more information on this violation please watch the following Food Safety video:

**English Cantonese Spanish Vietnamese** 

#### # 33 NONFOOD-CONTACT SURFACES CLEAN

OBSERVATIONS: Fan guard inside walk in cooler accumulated with dust. Clean and sanitize within 5 days.

CODE DESCRIPTION: Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Interior premises of a food facility shall be kept clean. (114115 (b), 114257)

#### # 41 PLUMBING FIXTURES AND BACKFLOW PREVENTION

OBSERVATIONS: Lack of air gap between floor sink and white drain pipe beneath two large CO2 tank in the back room. Provide at least one inch gap to prevent back flow. Correct within 5 days.

CODE DESCRIPTION: Steam tables, ice machines, ice bins, food preparation sinks, display cases, walk-in refrigeration units, and other similar equipment that discharge liquid waste shall drain into a floor sink with an air gap or other approved type of receptor. Plumbing and plumbing fixtures shall be maintained so as to prevent contamination, shall be kept clean, fully operative, and in good repair. The potable water supply shall be protected with a backflow or back siphonage protection device. Any hose used for potable water shall be of approved materials, labeled, properly stored, and used for no other purpose. (114171, 114190, 114193, 114193, 114193, 1, 114199, 114201, 114269)



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|---|------------------------------------|--|---------------------------------------|----------------------------|---------------------|--|
| Address: 7340 GREE                            | ENBACK LN                          | City: Citrus H   | leights Zi                            | Code: 95621                | Phone (916)721-8200 |  |
| СТ  | FA                                 | PR   | PE                                    |                            | Type of Inspection: |  |
| 81.19   | FA0003930                          | PR0004348  |                                       | 1623                       | Routine             |  |
| All violations must be o                      | corrected within specified timefra | requirements set forth in the Californiame. Violations that are classified as "us must be corrected immediately. Nor | Major" pose an immedia                | ite threat to public healt | h and have the      |  |
| OVERALL INSPE                                 | CTION COMMENTS                     |  |                                       |                            |                     |  |
| <u>OBSERVATIONS</u>                           |                                    |  |                                       |                            |                     |  |
| Name on Food Safety Certificate Neena Khullar |                                    |  | Expiration Date                       | 08/30/2016                 |                     |  |
| <b>Warewash</b> Ch                            | lorine (CI)ppm Qu                  | uaternary Ammonia (QA) p   | opm Heat°                             | F lodinepp                 | m                   |  |
|   | · · · <del> · ·</del> ·            | 22 ° F Hand Sink Temp 109 °  | •                                     |                            |                     |  |
| Water/Hot Water                               | wate Sink Temp 12                  |  | F Wiping Cloth                        | bbw CI                     |                     |  |
| FOOD ITEM / LOCAT                             | ION / TEMP ° F DOCUMENT            | <u>ration</u>  |                                       |                            |                     |  |
| tuna / cold top / 40.                         | .00 °F                             | turk   | ey slices / cold top / 40.            | 00 °F                      |                     |  |
| ambient / reach in / 38.00 °F                 |                                    |  | sliced tomatoes / cold top / 40.00 °F |                            |                     |  |
| soup / warmer / 15                            | 4.00 °F                            | aml  | oient / walk in / 39.00 °F            |                            |                     |  |
| NOTES   |                                    |  |                                       |                            |                     |  |
|   |                                    |  |                                       |                            |                     |  |
| STATUS The person in charge is responsible    |                                    |  |                                       |                            |                     |  |
|   |                                    | all applicable sections of the Ca<br>be assessed as authorized by c  |                                       | •                          |                     |  |
|   | al Pass; Reinspection required     | be assessed as authorized by C   | unent Saciamento Cou                  | iny code, chapter 0.99.    | 100.                |  |
|   | nsion of permit to operate         |  | 4.45                                  |                            |                     |  |
|   | applicable at this time            | Accepted by:   | 1 1                                   |                            |                     |  |
| ACTIONS  Photographic docum                   | antation abtained                  |  |                                       |                            |                     |  |
| ☐ Photographic docum☐ Compliance conferer     |                                    | Name and Title: Parmi  | nder Kaur / Mgr                       |                            |                     |  |
| ☐ Food / equipment im                         | ·                                  | Specialist: J. Terefe  |                                       | Phone: (91                 | 6)876-7882          |  |
|   | on required; # of employees        | Openalist. J. Terele   |                                       |                            | 10,010 1002         |  |
|   | facility closure required (51)     | Co-Inspector:  |                                       |                            |                     |  |