



EMD016020+DA10024849+05-22-2024



County of Sacramento

Retail Food Facility Official Inspection Report

Date:	05/22/2024
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ESTABLISHMENT NAME: UCD MEDICAL CENTER-LHCF Permit Holder: UCD HEALTH SYSTEMS

Address: 4625 2nd Ave City Sacramento Zip Code 95817 Phone (916) 734-3621

FA FA0007466	PR PR0092295	Type of Inspection INSPECTION
Program Identifier DOWNSTAIRS		
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.		

6.HANDWASHING FACILITIES

Observations: Observed no paper towels in dispenser at handwash sink located next to hood ventilation system. Corrected during the inspection.

Observed empty paper towel dispensers located in staff men's restroom. Correct today. Note: An open paper towel roll was available on handsink counter top.

Code Description: Handwashing facilities shall be provided within or adjacent to toilet rooms, food preparation, and warewashing areas. Handwashing facilities shall be clean, unobstructed, and accessible at all times. Handwashing facilities shall be provided with soap and sanitary single-use towels or heated-air hand drying device in approved dispensers. Dispensers shall be maintained in good repair. Handwashing facilities shall be available within 200 feet of outdoor barbecues. Handwashing facilities shall be separated from warewashing sink and food contact surfaces by at least 24-inches or by a minimum 6-inch high splash guard. (113953, 113953.1, 113953.2, 114067(f), 114143(e))



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OBSERVATIONS

Name on Food Safety Certificate DENISE WIETRICK Expiration Date 03/17/2027

Warewash Chlorine (Cl) _____ ppm Quaternary Ammonia (QA) 200 ppm Heat 160 °F DDBSA _____ ppm
 Water/Hot Water Ware Sink Temp 120 °F Hand Sink Temp 100 °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

ham / 2 door reach-in / 41F	yogurt / 1 door reach-in / 37F
eggs scrambled / steam table-patient services / 141F	gravy / steam table-patient services / 164F
sausage links / steam table-patient services / 138F	potatotes / steam table-patient services / 164F
eggs scrambled / steam table-patient services / 155F	milk carton / 1 door standup-patient services / 35F
milk carton / milk box / 37F	premade sandwiches / 1 door standup / 41F
tuna salad / 1 door standup / 38F	ham / 4 door reach-in / 40F

NOTES

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: Report email to: Zita Johnson / Kitchen supervisor

Specialist: V. Nguyen Phone: (916) 879-1594

Co-Inspector: _____