





County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	03/19/2024
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ESTABLISHMENT NAME: JOURNEY TO THE DUMPLING Permit Holder: YVONNE, CHRIS , WILLIAM

Address: 1700 21st St City Sacramento Zip Code 95811 Phone _____

FA FA0059534 Program Identifier	PR PR0142223	Type of Inspection INSPECTION
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) 50 ppm Quaternary Ammonia (QA) _____ ppm Heat 124 °F DDBSA _____ ppm

Water/Hot Water Ware Sink Temp 128 °F Hand Sink Temp 100 °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

pork / walk in cooler / 40F	squid / prep cooler / 41F
dumpling / prep cooler2 / 41F	cooked pork / soup warmer / 152F

NOTES

Inspection receives a Yellow placard

Due to receipt of yellow placard, a reinspection will be conducted within 24-72 hours. Additional fees apply. To receive a green placard, all major violations must remain corrected. Posted placard may not be moved or blocked.

STATUS
<input type="checkbox"/> GREEN - Pass
<input checked="" 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 to / William/owner

Specialist: L. Yang Phone: (916) 531-5912

Co-Inspector: _____