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|-------|------------|
| Date: | 03/06/2024 |
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ESTABLISHMENT NAME: CAFE DOLCE Permit Holder: ARIACHANE WINCHESTER

Address: 3140 Gold Camp Dr Ste 190 City Rancho Cordova Zip Code 95670 Phone (916) 476-6027

|                 |                |                                  |
|-----------------|----------------|----------------------------------|
| FA<br>FA0003827 | PR<br>PR153229 | Type of Inspection<br>INSPECTION |
|-----------------|----------------|----------------------------------|

|                    |  |
|--------------------|--|
| Program Identifier |  |
|--------------------|--|

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.

articles and multiservice utensils shall be handled, displayed, and dispensed so that contamination of food and lip-contact surfaces is prevented. Pressurized cylinders shall be securely fastened to rigid structure. (114074, 114081, 114119, 114161, 114172, 114178, 114179)

## 45.FLOOR, WALL, AND CEILING FINISHES

**Observations:** Observed deteriorated flooring below back hand sink, ware washing area. Flooring has lifted up from foundation, and corners of floor sink. Correct within 30 days.

**Code Description:** Food facilities shall be fully enclosed in a building consisting of permanent floors, walls, and an overhead structure that meets minimum standards. The walls and ceiling shall be smooth, durable, nonabsorbent, and easily cleanable. Flooring and base coving shall be smooth, durable, and made of approved nonabsorbent material that is easily cleanable. Floor surfaces shall be coved at the juncture of the floor and wall with a 3/8 inch minimum radius and shall extend up the wall at least 4 inches. (114143 (d), 114266, 114268, 114271, 114272)





# County of Sacramento

## Retail Food Facility

### Official Inspection Report

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#### OBSERVATIONS

Name on Food Safety Certificate unavailable Expiration Date \_\_\_\_\_

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

Water/Hot Water Ware Sink Temp 122 °F Hand Sink Temp 100 °F Wiping Cloth \_\_\_\_\_ ppm

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

ambient temperature / walk in cooler / 39F

meatballs / steam table / 135F

chicken breast / walk in cooler / 39F

pulled pork / steam table / 170F

#### 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.

|  |
|--|
| <b>STATUS</b>  |
| <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                 |
| <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: Report emailed to Ariachnae / PIC

Specialist: E. Abelardo Phone: (916) 591-0701

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