



County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	02/28/2024
Page:	2 of 2

ESTABLISHMENT NAME: WORLD TRAVELER COFFEE Permit Holder: LINOY NESHER

Address: 500 J St City Sacramento Zip Code 95814 Phone (774) 285-2565

FA FA59991 Program Identifier	PR PR152396	Type of Inspection REINSPECTION
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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) _____ 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

Fourth reinspection conducted to follow up with glass light chandelier installed over the front coffee make line and pastry case. Chandelier was reinstalled after passing the Plan Review final inspection. Billable reinspections will be conducted every 7 days until compliant.

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: sent via email to facility / Maria Santamaria, Employee

Specialist: W. McConaghy Phone: (916) 591-2413

Co-Inspector: _____