



ESTABLISHMENT NAME: RIVER PARK YOUTH BASEBALL Permit Holder: RIVER PARK YOUTH BASEBALL

Address: 3780 Moddison Ave City Sacramento Zip Code 95819 Phone (916) 396-0888

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.

Code Description: Food-contact surfaces and multiservice utensils shall be effectively washed, rinsed, and sanitized to remove or completely loosen soils by use of manual or mechanical methods. The temperature of the automatic warewashing unit shall meet manufacturers specifications. Manual sanitation shall be accomplished during the final rinse by contact with solution containing 100 ppm available chlorine or 200 ppm quaternary ammonium. Mechanical sanitization shall be accomplished in the final rinse by achieving a utensil surface temperature of 160F or by contact with solution containing 50



County of Sacramento

Retail Food Facility

Official Inspection Report

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FA FA0044438	PR PR0091542	Type of Inspection INSPECTION
Program Identifier		
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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 120 °F Hand Sink Temp 100 °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

hamburger / warming cabinet / 135F

NOTES

Report typed off site and emailed to facility

STATUS
<input type="checkbox"/> GREEN - Pass
<input type="checkbox"/> YELLOW - Conditional Pass; Reinspection required
<input type="checkbox"/> RED- Closed; Suspension of permit to operate
<input checked="" 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 Erin Landi / Snack Shack Manage

Specialist: C. Lawrence Phone: (916) 202-6058

Co-Inspector: _____