



### **County of Sacramento**

Date: 04/23/2024 Page: 1 of 2

## Retail Food Facility Official Inspection Report

ESTABLISHMENT NAME: AJI SUSHI	Permit	Permit Holder: AJI SUSHI LLC				
Address: 5239 Elkhorn Blvd	citySac	cramento Zip Code S	95842 Phone (916) 550-0333			
FA0002754	PR PR0003022	Type of Inspection REINSPECT	TION			
Program Identifier						
Items listed on this report as violations do not meet All violations must be corrected within specified time potential to cause foodborne illness. All major violati	eframe. Violations that are classified a	as "Major" pose an immediate threa	at to public health and have the			

#### **39.TEMPERATURE MEASURING DEVICES**

**Observations**: Sushi cold top refrigeration unit lacks a visible thermometer. Provide near door. Corrected on site.

**Code Description:** An accurate easily readable metal probe thermometer suitable for measuring temperature of food shall be available to the food handler. Thermometers shall be calibrated in accordance with manufacturer#s specifications as necessary to ensure their accuracy. A thermometer shall be provided for all refrigerators, hot and cold holding units, and high temperature warewashing machines. (114157, 114159)



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OBSERVATIONS						
Name on Food Safety Certificate		Expiration [	Date			
Warewash Chlorine (CI)ppm Qua Water/Hot Water Ware Sink Temp FOOD ITEM / LOCATION / TEMP °F DOCUME	aternary Ammonia (QA) _°F Hand Sink Temp ENTATION	ppm Heat °F Wiping C		ppm pm		
Tempura Shrimp / Walk-in refrigerator /	41F Raw	Salmon / Sushi co	ld top cooler / 3	9F		
NOTES  All major violations remain corrected. G previous inspection report.	reen placard issued duri	ing reinspection. C	Continue correct	ing violati	ons not	ed from
STATUS  GREEN - Pass  YELLOW - Conditional Pass; Reinspection required  RED- Closed; Suspension of permit to operate	The person in charge is res applicable sections of the C assessed as authorized by	alifornia Health and Sa	afety Code. If a rein	spection is r	equired,	npliance with all fees may be
☐ Placard program not applicable at this time	Accepted by:					
ACTIONS						
☐ Photographic documentation obtained	Name and Title: Sen	t Via Email / Mar	co - Manager			
☐ Compliance conference required			Let electric cost			
□ Food / equipment impounded (50) □ Food safety education required: # of employees	Specialist: M. Th	ao	Phone	(916)	639-34	-14
☐ Food safety education required; # of employees ☐ Permit Suspension; facility closure required	Co-Inspector:					
- r crimic Suspension, facility closure required						