





# County of Sacramento

## Retail Food Facility

### Official Inspection Report

Date:	04/23/2024
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ESTABLISHMENT NAME: AJI SUSHI Permit Holder: AJI SUSHI LLC

Address: 5239 Elkhorn Blvd City Sacramento Zip Code 95842 Phone (916) 550-0333

FA FA0002754 Program Identifier	PR PR0003022	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

Tempura Shrimp / Walk-in refrigerator / 41F Raw Salmon / Sushi cold top cooler / 39F

#### NOTES

All major violations remain corrected. Green placard issued during reinspection. Continue correcting violations noted from previous inspection report.

<b>STATUS</b>
<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
<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: Sent Via Email / Marco - Manager

Specialist: M. Thao Phone: (916) 639-3414

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