



County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	02/08/2024
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ESTABLISHMENT NAME: WEDASHII Permit Holder: HANSEL DELACRUZ

Address: 1841 Howe Ave Ste B City Sacramento Zip Code 95825 Phone (916) 571-5595

FA FA0004239 Program Identifier	PR PR0004690	Type of Inspection REINSPECTION
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

This facility's Permit to Operate has been reinstated and the facility is now approved to reopen to the public. Pest control serviced facility on 2/7/2024. Glue traps have been placed throughout facility. Maintain throughout facility at all times to monitor for pest activity. Cleaning and sanitizing throughout facility has been completed. See violation #23 for observations.

- Continue to service facility for cockroaches and maintain glue traps at all times.
- Continue to deep clean and seal. Do not use foam. Use a smooth, cleanable, light-colored sealant or surface.
- Correct remaining violations from routine inspection report dated 2/7/2024.
- Keep copies of pest control reports on site at all times. Send Inspector copies of reports for the next 2 months via email: cuevasm@sacounty.gov

Reinspection for vermin and remaining violations will be conducted within the next 14 days.

Reinspection and Reinstatement of Permit

The facility has been reinspected and the violations for which the Environmental Health Permit to Operate was suspended have been corrected. The permit is hereby reinstated and the closure order is rescinded.

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: Emailed to: Robert and Jasper / Managers

Specialist: M. Cuevas Phone: (916) 639-3418

Co-Inspector: _____