



County of Sacramento

Retail Food Facility Official Inspection Report

Date:	04/05/2024
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ESTABLISHMENT NAME: ARIANA GYROS AND KABOBS LLC Permit Holder: ARIANA GYROS & KABOBS LLC

Address: 1501 N C St City Sacramento Zip Code 95811 Phone (916) 430-3754

FA FA60268 Program Identifier	PR PR153146	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) 200 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

chicken / reach-in of prep cooler / 41F gyro / cold top of prep cooler / 40F
rice / warmer / 168F

NOTES

Reinspection conducted to follow up with major violations observed on 4/4/24, that resulted in a Yellow Conditional Pass placard. Major violations remain corrected; observed chicken made this morning properly cooling and 3-compartment ware washing sink properly set up to wash, rinse and sanitize with quaternary ammonia. Continue to correct outstanding minor violations as stated on report dated 4/4/24.

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 / Sam Ahmadi, Owner

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

Co-Inspector: _____