





County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	02/07/2024
Page:	6 of 6

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 INSPECTION
---------------------------------------	-----------------	----------------------------------

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 Jesser Delacruz Expiration Date 08/18/2027

Warewash Chlorine (Cl) _____ ppm Quaternary Ammonia (QA) _____ ppm Heat _____ °F DDBSA _____ ppm
Water/Hot Water Ware Sink Temp 143 °F Hand Sink Temp 137 °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

salmon / cold display case / 38F cooked eel / 1-door cooler / 34F
red tuna / cold display case / 35F

NOTES

STATUS
<input type="checkbox"/> GREEN - Pass
<input type="checkbox"/> YELLOW - Conditional Pass; Reinspection required
<input checked="" 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 checked="" 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: _____