



County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	04/04/2024
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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 INSPECTION
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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 119 °F Hand Sink Temp 100 °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

chicken / walk-in cooler / 38F gyro / cold top of prep cooler / 41F
rice / warmer / 168F

NOTES

Facility is required to have at least one employee obtain a Food Safety Certificate within 60 days and the rest of staff to obtain a Food Handler card within 30 days. Food Safety Certificate may not be duplicated from another permitted facility.

Inspection receives a Yellow placard

Due to receipt of yellow placard, a reinspection will be conducted within 24-72 hours. Additional fees apply. To receive a green placard, all major violations must remain corrected. Posted placard may not be moved or blocked.

STATUS
<input type="checkbox"/> GREEN - Pass
<input checked="" 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: _____