

# Food Establishment Inspection Report

Score: 98.5

Establishment Name: SORA SUSHI & RAMEN

Establishment ID: 4092019713

Location Address: 930 BROADSTONE WAY, STE 100

City: APEX State: North Carolina

Zip: 27502 County: Wake

Permittee: TZ ONE INC

Telephone: (919) 335-8899

☒ Inspection ☐ Re-Inspection ☐ Educational Visit

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 07/10/2026 Status Code: A

Time In: 1:00 PM Time Out: 3:00 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 0

## Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury

| Compliance Status                                                   |                                                                                                                            | OUT                                                                                            | CDI | R   | VR  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----|-----|-----|
| <b>Supervision .2652</b>                                            |                                                                                                                            |                                                                                                |     |     |     |
| 1                                                                   | <input checked="" type="checkbox"/> OUT/N/A                                                                                | PIC Present, demonstrates knowledge, & performs duties                                         | 1   | 0   |     |
| 2                                                                   | <input checked="" type="checkbox"/> OUT/N/A                                                                                | Certified Food Protection Manager                                                              | 1   | 0   |     |
| <b>Employee Health .2652</b>                                        |                                                                                                                            |                                                                                                |     |     |     |
| 3                                                                   | <input checked="" type="checkbox"/> OUT                                                                                    | Management, food & conditional employee; knowledge, responsibilities & reporting               | 2   | 1   | 0   |
| 4                                                                   | <input checked="" type="checkbox"/> OUT                                                                                    | Proper use of reporting, restriction & exclusion                                               | 3   | 1.5 | 0   |
| 5                                                                   | <input checked="" type="checkbox"/> OUT                                                                                    | Procedures for responding to vomiting & diarrheal events                                       | 1   | 0.5 | 0   |
| <b>Good Hygienic Practices .2652, .2653</b>                         |                                                                                                                            |                                                                                                |     |     |     |
| 6                                                                   | <input checked="" type="checkbox"/> OUT                                                                                    | Proper eating, tasting, drinking or tobacco use                                                | 1   | 0.5 | 0   |
| 7                                                                   | <input checked="" type="checkbox"/> OUT                                                                                    | No discharge from eyes, nose, and mouth                                                        | 1   | 0.5 | 0   |
| <b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b> |                                                                                                                            |                                                                                                |     |     |     |
| 8                                                                   | <input checked="" type="checkbox"/> OUT                                                                                    | Hands clean & properly washed                                                                  | 4   | 2   | 0   |
| 9                                                                   | <input checked="" type="checkbox"/> OUT/N/A/N/O                                                                            | No bare hand contact with RTE foods or pre-approved alternate procedure properly followed      | 4   | 2   | 0   |
| 10                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A                                         | Handwashing sinks supplied & accessible                                                        | 2   | X   | 0 X |
| <b>Approved Source .2653, .2655</b>                                 |                                                                                                                            |                                                                                                |     |     |     |
| 11                                                                  | <input checked="" type="checkbox"/> OUT                                                                                    | Food obtained from approved source                                                             | 2   | 1   | 0   |
| 12                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A     | Food received at proper temperature                                                            | 2   | 1   | 0   |
| 13                                                                  | <input checked="" type="checkbox"/> OUT                                                                                    | Food in good condition, safe & unadulterated                                                   | 2   | 1   | 0   |
| 14                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O | Required records available: shellstock tags, parasite destruction                              | 2   | 1   | 0   |
| <b>Protection from Contamination .2653, .2654</b>                   |                                                                                                                            |                                                                                                |     |     |     |
| 15                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O                                                                            | Food separated & protected                                                                     | 3   | 1.5 | 0   |
| 16                                                                  | <input checked="" type="checkbox"/> OUT                                                                                    | Food-contact surfaces: cleaned & sanitized                                                     | 3   | 1.5 | 0   |
| 17                                                                  | <input checked="" type="checkbox"/> OUT                                                                                    | Proper disposition of returned, previously served, reconditioned & unsafe food                 | 2   | 1   | 0   |
| <b>Potentially Hazardous Food Time/Temperature .2653</b>            |                                                                                                                            |                                                                                                |     |     |     |
| 18                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O | Proper cooking time & temperatures                                                             | 3   | 1.5 | 0   |
| 19                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O | Proper reheating procedures for hot holding                                                    | 3   | 1.5 | 0   |
| 20                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O | Proper cooling time & temperatures                                                             | 3   | 1.5 | 0   |
| 21                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O                                                                            | Proper hot holding temperatures                                                                | 3   | 1.5 | 0   |
| 22                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O                                                                            | Proper cold holding temperatures                                                               | 3   | 1.5 | 0   |
| 23                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O                                                                            | Proper date marking & disposition                                                              | 3   | 1.5 | 0   |
| 24                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O | Time as a Public Health Control; procedures & records                                          | 3   | 1.5 | 0   |
| <b>Consumer Advisory .2653</b>                                      |                                                                                                                            |                                                                                                |     |     |     |
| 25                                                                  | <input checked="" type="checkbox"/> OUT/N/A                                                                                | Consumer advisory provided for raw/undercooked foods                                           | 1   | 0.5 | 0   |
| <b>Highly Susceptible Populations .2653</b>                         |                                                                                                                            |                                                                                                |     |     |     |
| 26                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A     | Pasteurized foods used; prohibited foods not offered                                           | 3   | 1.5 | 0   |
| <b>Chemical .2653, .2657</b>                                        |                                                                                                                            |                                                                                                |     |     |     |
| 27                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A     | Food additives: approved & properly used                                                       | 1   | 0.5 | 0   |
| 28                                                                  | <input checked="" type="checkbox"/> OUT/N/A                                                                                | Toxic substances properly identified stored & used                                             | 2   | 1   | 0   |
| <b>Conformance with Approved Procedures .2653, .2654, .2658</b>     |                                                                                                                            |                                                                                                |     |     |     |
| 29                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A     | Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | 2   | 1   | 0   |

## Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

| Compliance Status                                                         |                                                                                                                                                                | OUT                                                                                                    | CDI | R   | VR  |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|-----|-----|
| <b>Safe Food and Water .2653, .2655, .2658</b>                            |                                                                                                                                                                |                                                                                                        |     |     |     |
| 30                                                                        | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                         | Pasteurized eggs used where required                                                                   | 1   | 0.5 | 0   |
| 31                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Water and ice from approved source                                                                     | 2   | 1   | 0   |
| 32                                                                        | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                         | Variance obtained for specialized processing methods                                                   | 2   | 1   | 0   |
| <b>Food Temperature Control .2653, .2654</b>                              |                                                                                                                                                                |                                                                                                        |     |     |     |
| 33                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Proper cooling methods used; adequate equipment for temperature control                                | 1   | 0.5 | 0   |
| 34                                                                        | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Plant food properly cooked for hot holding                                                             | 1   | 0.5 | 0   |
| 35                                                                        | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O                                        | Approved thawing methods used                                                                          | 1   | 0.5 | 0   |
| 36                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Thermometers provided & accurate                                                                       | 1   | 0.5 | 0   |
| <b>Food Identification .2653</b>                                          |                                                                                                                                                                |                                                                                                        |     |     |     |
| 37                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Food properly labeled: original container                                                              | 2   | 1   | 0   |
| <b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b> |                                                                                                                                                                |                                                                                                        |     |     |     |
| 38                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Insects & rodents not present; no unauthorized animals                                                 | 2   | 1   | 0   |
| 39                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Contamination prevented during food preparation, storage & display                                     | 2   | 1   | 0   |
| 40                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Personal cleanliness                                                                                   | 1   | 0.5 | 0   |
| 41                                                                        | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                                                                 | Wiping cloths: properly used & stored                                                                  | 1   | 0.5 | 0 X |
| 42                                                                        | <input checked="" type="checkbox"/> OUT/N/A                                                                                                                    | Washing fruits & vegetables                                                                            | 1   | 0.5 | 0   |
| <b>Proper Use of Utensils .2653, .2654</b>                                |                                                                                                                                                                |                                                                                                        |     |     |     |
| 43                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | In-use utensils: properly stored                                                                       | 1   | 0.5 | 0   |
| 44                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Utensils, equipment & linens: properly stored, dried & handled                                         | 1   | 0.5 | 0   |
| 45                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Single-use & single-service articles: properly stored & used                                           | 1   | 0.5 | 0   |
| 46                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Gloves used properly                                                                                   | 1   | 0.5 | 0   |
| <b>Utensils and Equipment .2653, .2654, .2663</b>                         |                                                                                                                                                                |                                                                                                        |     |     |     |
| 47                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | 1   | 0.5 | 0   |
| 48                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Warewashing facilities: installed, maintained & used; test strips                                      | 1   | 0.5 | 0   |
| 49                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Non-food contact surfaces clean                                                                        | 1   | 0.5 | 0   |
| <b>Physical Facilities .2654, .2655, .2656</b>                            |                                                                                                                                                                |                                                                                                        |     |     |     |
| 50                                                                        | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                                                                | Hot & cold water available; adequate pressure                                                          | 1   | 0.5 | 0   |
| 51                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Plumbing installed; proper backflow devices                                                            | 2   | 1   | 0   |
| 52                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Sewage & wastewater properly disposed                                                                  | 2   | 1   | 0   |
| 53                                                                        | <input checked="" type="checkbox"/> OUT/N/A                                                                                                                    | Toilet facilities: properly constructed, supplied & cleaned                                            | 1   | 0.5 | 0   |
| 54                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Garbage & refuse properly disposed; facilities maintained                                              | 1   | 0.5 | 0   |
| 55                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Physical facilities installed, maintained & clean                                                      | 1   | 0.5 | 0   |
| 56                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Meets ventilation & lighting requirements; designated areas used                                       | 1   | 0.5 | 0   |
| <b>TOTAL DEDUCTIONS:</b>                                                  |                                                                                                                                                                |                                                                                                        |     |     | 1.5 |



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SORA SUSHI & RAMEN

Location Address: 930 BROADSTONE WAY, STE 100

City: APEX State: NC

County: 92 Wake Zip: 27502

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: TZ ONE INC

Telephone: (919) 335-8899

Establishment ID: 4092019713

☒ Inspection ☐ Re-Inspection Date: 07/10/2026

☐ Educational Visit Status Code: A

Comment Addendum Attached? ☒ Category #: IV

Email 1: mysoraapex@gmail.com

Email 2:

Email 3: mysoraapex@gmail.com

## Temperature Observations

| Item/Location              | Temp | Item/Location              | Temp | Item/Location | Temp |
|----------------------------|------|----------------------------|------|---------------|------|
| shrimp/sushi display       | 40   | tempura/WIC                | 41   |               |      |
| yellow tail /sushi display | 41   | lo mein/WIC                | 38   |               |      |
| salmon/sushi display       | 40   | sweet and sour chicken/WIC | 40   |               |      |
| ahi tuna/sushi display     | 41   | wanton/WIC                 | 41   |               |      |
| eel/sushi display          | 41   | shrimp/WIC                 | 40   |               |      |
| avocado/sushi display      | 40   | beef/WIC                   | 39   |               |      |
| ambient air/sushi lowboy   | 39   | chicken/WIC                | 41   |               |      |
| spicy crab/sushi lowboy    | 41   | ambient air/WIC            | 37   |               |      |
| yellow tail/sushi lowboy   | 41   |                            |      |               |      |
| spicy tuna/sushi lowboy    | 41   |                            |      |               |      |
| corn/make line             | 41   |                            |      |               |      |
| shredded cabbage/make line | 41   |                            |      |               |      |
| zucchini/make line         | 41   |                            |      |               |      |
| shredded lettuce/make line | 41   |                            |      |               |      |
| boiled egg/make line       | 41   |                            |      |               |      |
| beef broth soup/kettle     | 178  |                            |      |               |      |
| hot and sour soup/kettle   | 172  |                            |      |               |      |
| shrimp/grill prep          | 38   |                            |      |               |      |
| steak/grill prep           | 39   |                            |      |               |      |
| chicken/grill prep         | 38   |                            |      |               |      |

First  
Person in Charge (Print & Sign): FeiFei

Last  
Huang

First  
Regulatory Authority (Print & Sign): Carla

Last  
Pressley

*[Signature]*

*[Signature]*

REHS ID: 2800 - Pressley, Carla

Verification Dates: Priority:

Priority Foundation:

Core:

REHS Contact Phone Number: (984) 239-0850

Authorize final report to  
be received via Email: *[Signature]*



North Carolina Department of Health & Human Services

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• Division of Public Health • Environmental Health Section  
DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 12/2023

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** SORA SUSHI & RAMEN

**Establishment ID:** 4092019713

**Date:** 07/10/2026 **Time In:** 1:00 PM **Time Out:** 3:00 PM

### Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

**10 5-205.11 Using a Handwashing Sink - Operation and Maintenance (Pf)**

Manager dumped soiled sanitizing solution and made a clean sanitizing solution in the hand washing sink. A handwashing sink may not be used for purposes other than handwashing. EHS informed manager and staff that sanitizing solution should be made in the three compartment sink. \*\*\*CORRECTED DURING INSPECTION (CDI)\*\*\*

**6-301.14 Handwashing Signage (C)**

The hand washing sink behind the sushi bar was not equipped with a hand washing sign. A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees. EHS provided PIC with hand washing signs. \*\*\*CDI\*\*\*

**41 3-304.14 Wiping Cloths, Use Limitation**

Several wet wiping clothes were stored on counter tops and the hand washing sink splash guard, and the sanitizing solution was soiled. Cloths in-use for wiping counters and other EQUIPMENT surfaces shall be held between uses in sanitizer and laundered daily. Dry wiping cloths and the sanitizing solutions in which wet wiping cloths are held between uses shall be free of FOOD debris and visible soil. The PIC remade and tested the sanitizing solution and placed all wet wiping clothes in clean sanitizing solution. \*\*\*CDI\*\*\*