















# County of Sacramento

## Retail Food Facility

### Official Inspection Report

Date:	03/20/2024
Page:	4 of 4

ESTABLISHMENT NAME: FIRE WINGS Permit Holder: FIRE WINGS-HOWE LLC

Address: 1229 Howe Ave # B City Sacramento Zip Code 95825 Phone (916) 604-9464

FA FA0052765 Program Identifier	PR PR0122084	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 Shahzad Khan Expiration Date 06/14/2028

Warewash Chlorine (Cl) \_\_\_\_\_ ppm Quaternary Ammonia (QA) \_\_\_\_\_ ppm Heat \_\_\_\_\_ °F DDBSA \_\_\_\_\_ ppm  
Water/Hot Water Ware Sink Temp 145 °F Hand Sink Temp 102 °F Wiping Cloth \_\_\_\_\_ ppm

#### FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

hard boiled egg / salad cold-topped / 42F raw chicken / 2-door upright cooler / 41F  
housemade ranch / cold-top cooler / 40F noodles / walk-in cooler / 40F

#### NOTES

Recommend installation of insect glue traps throughout facility to monitor for any vermin activity. None observed at time of inspection.

This facility installed a bar that did not meet plans submitted to Plan Review. A hand sink at the cooks line was also removed. Contact Plan Review at: ehplanreview@sacounty.gov

#### 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.

<b>STATUS</b>
<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
<b>ACTIONS</b>
<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: Shahzad / Manager

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

Co-Inspector: \_\_\_\_\_