



County of Sacramento

Retail Food Facility Official Inspection Report

Date:	03/22/2024
Page:	3 of 3

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 _____ Expiration Date _____

Warewash Chlorine (Cl) _____ ppm Quaternary Ammonia (QA) _____ ppm Heat _____ °F DDBSA _____ ppm

Water/Hot Water Ware Sink Temp _____ °F Hand Sink Temp _____ °F Wiping Cloth _____ ppm

FOOD ITEM / LOCATION / TEMP °F DOCUMENTATION

NOTES

This reinspection was conducted to follow up on violations observed during the 03/20/2024 routine inspection. Observed the following:

- found fried chicken made 15 minutes prior sitting in a mixing bowl at cooks line at 122 F. (reheated to 165F)
- found cooked chicken and hard-boiled eggs at 45 F at salad station cold-top cooler. *Utilize lids and ensure thermometer is placed in unit
- organic buildup around ice chute of self-service soda machine remains
- no sanitizer on wiping cloths on prep area
- cleaning has not been initiated

Due to repeat major violation from routine inspection report dated 03/20/2024, facility will remain at a conditional pass. Reinspection will be conducted. All reinspections may be subject to additional reinspection fees

Note: Facility was asked on 11/16/2023 and on 03/20/2024 to contact Plan Review regarding bar upgrade. A hand sink has been removed from cooks line, according to original floor plan and open lines observed on 03/20/2024 and 3/22/2024. Please contact Plan Review at: EHPlanReview@sacounty.gov

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: Emailed to: David and Shahzad / Managers

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

Co-Inspector: _____