



County of Sacramento

Retail Food Facility

Official Inspection Report

Date:	03/25/2024
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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 REINSPECTION
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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 _____ °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 3/20/24 routine inspection and 3/22/24 reinspection. No major violations observed at time of inspection. Observed proper time as public health control documentation and no major temperature holding violations. Continue to correct remaining minor violations.

Note: Facility is in contact with Plan Review regarding changes to original floor plan and reclassifying from a restaurant to a restaurant with bar.

STATUS
<input checked="" type="checkbox"/> GREEN - Pass
<input 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: Shahzad and David / Managers

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

Co-Inspector: _____