



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.



# County of Sacramento

## Retail Food Facility

### Official Inspection Report

Date:	03/21/2024
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ESTABLISHMENT NAME: WENDY'S #661 Permit Holder: DESMOND FOOD LP

Address: 7931 E Stockton Blvd City Sacramento Zip Code 95823 Phone (916) 688-3002

FA FA0006164 Program Identifier	PR PR0007774	Type of Inspection REINSPECTION
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#### 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

Follow up inspection conducted to verify compliance on Major Violations #6 and #7. Major violations remain corrected.  
Facility received a Green/Pass placard.  
Continue to correct all violations on routine inspection 3/20/24.

<b>STATUS</b>
<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
<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: Sarah Xiong / Manager

Specialist: E. Nguyen Phone: (916) 531-6034

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