



County of Kings - Department of Public Health
Environmental Health Services Division
330 Campus Drive Hanford, CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - www.countyofkings.com/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: APPLEBEE'S NEIGHBORHOOD GRILL & BAR	BUSINESS PHONE: (559) 583-8084	RECORD ID#: PR0003793	DATE: June 27, 2011
FACILITY SITE ADDRESS: 1665 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: GOLDEN WEST RESTAURANTS INC	CERTIFIED FOOD HANDLER: JULIE A BOX	EXP DATE: 3/17/2015	INSPECTOR: Yatee Patel - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Facility is okay to open to public. Receipt of certified plumber was available for verification. At the time of such event please call a certified plumber immediately & notify the local Health Dept.

Facility was cleaned with bleach solution.

Temperature logs were filled in. Thermometer available.

All cold & hot holding temperatures were satisfactory.

Final rinse temperature of the dish machine was 190° F. Please keep an eye on the machine & be sure it works & there is hot water available at all times.

Thank you.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Yatee Patel - REHS

Agency Representative

NOTE: This report must be made available to the public on request



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FACILITY NAME: APPLEBEE'S NEIGHBORHOOD GRILL & BAR	BUSINESS PHONE: (559) 583-8084	RECORD ID#: PR0003793	DATE: June 27, 2011
FACILITY SITE ADDRESS: 1665 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GOLDEN WEST RESTAURANTS INC	CERTIFIED FOOD HANDLER: JULIE A BOX	EXP DATE: 3/17/2015	INSPECTOR: Yatee Patel - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

Description/Corrective Action: Upon arrival, observed sewage back up near the dish machine & food prep area.
Operator observed when they first arrived at 6am.
Facility needs to call a certified plumber immediately.

General Comments:

Facility will remain closed for business until proof of certified plumber is not reviewed.

NOTICE OF CLOSURE:

Because of immediate danger to the public health and safety, the food vending permit to operate this food facility is hereby temporarily suspended and the facility ordered immediately closed under the authority of Section 113960 of the California Health and Safety Code. This food safety inspection report specifies the conditions that warrant the closure. The law requires this business to be closed and remain closed until all conditions warranting closure are corrected and your permit has been reinstated in writing by a representative of this Department.

You are hereby notified that you have a right to request a hearing within 15 days after receiving this notice to show cause why the permit suspension is not warranted. Your failure to request a hearing within 15 days shall be deemed a waiver of your right to a hearing. An owner/operator who fails to comply with this closure notice may be found guilty of a misdemeanor with a possible fine of \$1,000 and/or imprisonment for not more than 6 months for each offense.

Please contact us at (559) 584-1441 should you have any questions regarding this notice.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input checked="" type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:
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Yatee Patel - REHS

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: APPLEBEE'S NEIGHBORHOOD GRILL & BAR	BUSINESS PHONE: (559) 583-8084	RECORD ID#: PR0003793	DATE: June 08, 2010
FACILITY SITE ADDRESS: 1665 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GOLDEN WEST RESTAURANTS INC	CERTIFIED FOOD HANDLER: JULIE A BOX	EXP DATE: 3/17/2015	INSPECTOR: Susan Lee-Yang - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Reach-in salad unit was noted above 41° F. Please call for service to make sure unit maintains 41°F at all times.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed final rinse temperature gage not working. Please call for service to replace gage.

General Comments:

- Observed hand wash stations stocked with soap and paper towels.
 - All cold holding units except as noted above were noted satisfactory at time of inspection.
 - QAC sanitizer buckets were noted at 200 ppm.
 - Observed bar area well maintained.
 - Keep up with general cleaning of all equipments (reach-in units) and floors.
 - Recommend logging all cold holding units on temperature log to maintain temperatures of all units.
- Thank you!

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Amy Foradiel

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: APPLEBEE'S NEIGHBORHOOD GRILL & BAR	BUSINESS PHONE: (559) 583-8084	RECORD ID#: PR0003793	DATE: September 24, 2009
FACILITY SITE ADDRESS: 1665 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GOLDEN WEST RESTAURANTS INC	CERTIFIED FOOD HANDLER: RIGOBERTO MEZA	EXP DATE: 10/13/2009	INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Observed both hot and cold holding temperatures at satisfactory ranges.
 Final cooking temperatures are monitored with a digital probe-type thermometer that was observed calibrated and sanitized.
 Adequate sanitizer is used for the dishwasher.
 The facility was observed well maintained.
 the hand washing stations were observed stocked with soap and paper towels. Please repair the soap dispenser at the bar.

Thank you!

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

John Grant

Received By: _____

Liliana Stransky - REHS

Agency Representative

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