



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: ARBY'S RESTAURANT #7070	BUSINESS PHONE: (559) 582-1830	RECORD ID#: PR0005565	DATE: January 07, 2010
FACILITY SITE ADDRESS: 824 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ARBY'S RESTAURANT GROUP/ROLAND SMITH	CERTIFIED FOOD HANDLER: RON E ROBINSON	EXP DATE: 6/21/2011	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:

All cold and hot holding temperatures were observed at satisfactory ranges. Hand soap and paper towels were available at the hand washing stations. The facility was observed clean and well organized.

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 checked="" type="checkbox"/> Potential Food Safety All Star:

Received By:

Liliana Stransky - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ARBY'S RESTAURANT #7070	BUSINESS PHONE: (559) 582-1830	RECORD ID#: PR0005565	DATE: June 02, 2009
FACILITY SITE ADDRESS: 824 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CAMBRIDGE INVESTMENTS	CERTIFIED FOOD HANDLER: RON E ROBINSON	EXP DATE: 6/21/2011	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:

All hot and cold food temperatures measured today were satisfactory.

Temperature logs -Complete.

Employee training log available for review.

Facility very clean.

The food handling practice observed today was very good and the overall operational condition of the facility was also satisfactory.

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 checked="" type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Yatee Patel - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ARBY'S	BUSINESS PHONE: (559) 582-1830	RECORD ID#: PR0005565	DATE: December 18, 2008
FACILITY SITE ADDRESS: 824 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CAMBRIDGE INVESTMENTS LLC	CERTIFIED FOOD HANDLER: CONNIE EITEL	EXP DATE: 6/21/2011	INSPECTOR: Susan Lee-Yang

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

Description/Corrective Action: Observed a section of hood vent missing. Please replace hood vent.
 Observed hood vents with oil and dust accumulation. Please maintain routine maintenance of unit.
 Observed mildew accumulation inside ice machine. Please clean unit regularly to prevent accumulation.
 Observed accumulated debris in drains. Please clean drains on a routine basis.

General Comments:

Observed all hand wash stations and restrooms fully stocked with soap and paper towels.
 Observed temperature logs up-to-date.
 All cold holding units measured at or below 41°F and had refrigerator thermometers.
 Observed dining area well maintained.
 Please fax current Certified Food Handler Certificate to our Department as soon as possible.
 Overall, facility is in satisfactory operating condition.

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> </u> N/A <input checked="" type="checkbox"/> Potential Food Safety All Star:


 Received By: _____

Susan Lee-Yang
 Environmental Health Specialist

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