



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: CHARLEY'S GRILLED SUBS	BUSINESS PHONE: (714) 624-4250	RECORD ID#: PR0007540	DATE: December 23, 2009
FACILITY SITE ADDRESS: 1675 W LACEY BLVD VCO1	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KELLEY TANG/FRESH STEAKERY FOOD MGMT	CERTIFIED FOOD HANDLER: JAYLENE ARVIZU	EXP DATE: 3/9/2010	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Replace missing paper towels at the hand washing stations.

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

Description/Corrective Action: Observed excess debris build-up over counters, equipment, floors and walls. Clean these areas daily.

General Comments:

Cold holding temperatures were satisfactory.
Improve housekeeping practices.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Liliana Stransky - REHS

Received By: _____

Agency Representative

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



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: CHARLEY'S GRILLED SUBS	BUSINESS PHONE: (714) 624-4250	RECORD ID#: PR0007540	DATE: May 15, 2009
FACILITY SITE ADDRESS: 1675 E LACEY BLVD VCO1	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KELLEY TANG/FRESH STEAKERY FOOD MGMT	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

Description/Corrective Action: Provide paper towel holder or dispenser at the hand washing station.

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

Description/Corrective Action: Please remove excess food debris from all counter surfaces on a routine basis. Observed some accumulation.

General Comments:

All cold holding temperatures were well below 41° F.
The facility operator indicated CFH examination results (passing) were obtained as of yesterday. Must post certificate for verification.

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:

Liliana Stransky - REHS

Received By: _____

Agency Representative

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