



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: June 29, 2010
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: 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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Current Certified Food Handler Certificate is expired. Please fax a copy of current certificate to our Department. If facility does not have a current certificate, the facility has 30 days to pass and submit certificate to our Department. Certificate shall be posted or maintained on-site at all times.

Violation: IMPROPER HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

Description/Corrective Action: Frequent hand washing is required and crucial to prevention of possible cross contamination. Wearing disposable gloves does not replace proper hand washing.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed soda nozzles with syrup accumulation. Please clean all nozzles on routine basis to prevent build-up. QAC sanitizer in three-compartment sink measured below 200 ppm and in need of replacement. Please change sanitizer solution regularly and should maintain at least 200 ppm at all times.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: As noted from previous inspections, a permanent paper towel dispenser shall be mounted to wall by front hand wash station.

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

Description/Corrective Action: Observed ceiling tile missing and water dripping from ceiling. Please repair equipment to prevent water leak and replace tile. Please remove food equipments (containers, utensils) from surrounding area due to possible contamination.

General Comments:

All cold holding units were satisfactory at time of inspection.

Please correct all noted violations in a timely manner to prevent further enforcements, re-inspections, and/or administrative hearing.

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



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OWNER NAME: KELLEY TANG/FRESH STEAKERY FOOD MGMT	CERTIFIED FOOD HANDLER: JAYLENE ARVIZU	EXP DATE: 3/9/2010	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.

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> </u> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Susan Lee-Yang - REHS

Received By:

Agency Representative

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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

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