

# INSPECTION REPORT

KINGS COUNTY HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL  
HEALTH SERVICES  
<http://www.countyofkings.com/health/ehs>



330 CAMPUS DRIVE  
HANFORD, CA 93230  
(559) 584-1411  
FAX: (559) 584-6040

BUSINESS NAME:	<u>Fratellis</u>	DATE:	<u>Feb 9<sup>th</sup> 2012</u>
ADDRESS:	<u>2597 N. 11<sup>th</sup> Ave - Hanford</u>		
OWNER/OPERATOR	<u>585-8773 - David Gonzalez / Susan Arroyave</u>		
PHONE #:	<u>583-8773</u>	LIC PLATE #:	<u>-</u>
		PROGRAM:	<u>1614</u>

- \* Cover all foods in the reach-in units to avoid cross-contamination.
- \* Keep your thermometer easily accessible. Non-observed during inspection. Monitor all Potentially Hazardous foods.
- \* Practice frequent handwashing - especially when employees start food prep.
- \* Cold & hot holding temps were satisfactory.
- \* Keep cleaning & sanitizing all equipment & surfaces with Sanitizer.

Thank you

Inspector: Yate Patel YATEE PATEL

Received by: (+)



County of Kings - Department of Public Health

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> FRATELLI'S PIZZA & CHICKEN	<b>BUSINESS PHONE:</b> (559) 585-8773	<b>RECORD ID#:</b> PR0008365	<b>DATE:</b> July 15, 2011
<b>FACILITY SITE ADDRESS:</b> 2597 N 11TH AVE STE. 102	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> DAVID GONZALEZ/SUSAN ARROYAVE	<b>CERTIFIED FOOD HANDLER:</b> David Gonzalez	<b>EXP DATE:</b> 5/23/2012	<b>INSPECTOR:</b> 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed pipe underneath 3-compartment sink leaking. Please repair/replace.  
  
Please replace the broken self-closing hinge for restroom door.

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

**Description/Corrective Action:** Observed hood baffles accumulated with dust. Please clean regularly.  
  
Observed soda nozzles with mildew accumulation. Please thoroughly clean all nozzles.

**General Comments:**

- Hand wash station and restroom had hot water, soap, and paper towels.
- All cold holding units were noted at or below 41°F.
- Facility does a good job of separating raw potentially hazardous foods from ready-to-eat foods.
- Facility is well maintained.

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

*CGonzalez*

Received By: \_\_\_\_\_

*Susan Lee-Yang - REHS*

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> FRATELLI'S PIZZA & CHICKEN	<b>BUSINESS PHONE:</b> (562) 922-5410	<b>RECORD ID#:</b> PR0008365	<b>DATE:</b> January 26, 2011
<b>FACILITY SITE ADDRESS:</b> 2597 N 11TH AVE STE. 102	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> DAVID GONZALEZ/SUSAN ARROYAVE	<b>CERTIFIED FOOD HANDLER:</b> David Gonzalez	<b>EXP DATE:</b> 5/23/2012	<b>INSPECTOR:</b> Kimberly Marquez

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:

Overall, the food facility appeared in good operational condition.

Hand sink was fully stocked with soap paper towels and hot running water.

All hot, cold, and final cooking food temperatures monitored today were satisfactory.

Pizza located in front of store under heat lap were noted at 145 ° F.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Kimberly Marquez

Agency Representative

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