



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: RALLY'S	BUSINESS PHONE: (559) 583-1907	RECORD ID#: PR0005108	DATE: April 06, 2012
FACILITY SITE ADDRESS: 1706 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: F & M RESTAURANTS INC/FRED HOWARD	CERTIFIED FOOD HANDLER: INEZ M CALDERON	EXP DATE: 8/26/2015	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 MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Hand wash stations did not have paper towels inside dispensers.
 Ensure dispensers are stocked with paper towels at all times.

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

Description/Corrective Action: Observed back floor drain and areas between ice machine accumulated with trash debris.
 Thorough cleaning of facility must occur at least weekly.

Observed walk-in freezer light without protective shatterproof cover.
 Please ensure lightbulb has shatterproof cover.

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

Description/Corrective Action: Observed hood baffles accumulated with grease and debris.
 Ensure hood baffles are cleaned regularly.

General Comments:

- Chili on steam table was noted above 135° F.
- All cold holding units were noted satisfactory at time of inspection.
- Employees have current CA Food Handler Certificates.
- Please keep up with routine cleaning of facility.

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

Inez Calderon

Susan Lee-Yang - REHS

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RALLY'S	BUSINESS PHONE: (559) 583-1907	RECORD ID#: PR0005108	DATE: August 31, 2011
FACILITY SITE ADDRESS: 1706 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: F & M RESTAURANTS INC/FRED HOWARD	CERTIFIED FOOD HANDLER: INEZ M CALDERON	EXP DATE: 8/26/2015	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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Cold prep unit measured over 49°F. Maintain cold foods at 41° F or below at all times.

General Comments:

- Be sure all employees wash hands after breaks.
- Re-stock paper towels in the dispenser at hand wish station.
- Sanitizer was at 100 ppm of CL in the 3 compartment sink.
- Perform daily detail cleaning.
- 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:

Inez Calderon

Received By: _____

Yatee Patel - REHS

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RALLY'S	BUSINESS PHONE: (559) 583-1907	RECORD ID#: PR0005108	DATE: February 04, 2011
FACILITY SITE ADDRESS: 1706 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: F & M RESTAURANTS INC/FRED HOWARD	CERTIFIED FOOD HANDLER: JOSE F PADILLA	EXP DATE: 3/10/2012	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed protective light cover missing for walk-in freezer.
Please replace.

Please replace microwave door due to cracks on the interior glass.

General Comments:

The following were observed during today's re-inspection:

- Reach-in refrigerator was noted satisfactory.
- Hood baffles were observed cleaned. Please keep up with regular cleaning of hood baffles.

Please correct today's noted violations to prevent further enforcements.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Inez Calderin

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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