



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

<b>FACILITY NAME:</b> TACO BELL #4622	<b>BUSINESS PHONE:</b> (559) 582-3391	<b>RECORD ID#:</b> PR0000336	<b>DATE:</b> November 16, 2010
<b>FACILITY SITE ADDRESS:</b> 1796 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> TACO BELL CORP	<b>CERTIFIED FOOD HANDLER:</b> MICHAEL R. GRIGSBY	<b>EXP DATE:</b> 2/8/2012	<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: None Noted

General Comments:

All hand wash stations had soap and paper towels.

All cold holding units were noted below 41° F.

Rice, chicken, and beans on the steam table were noted above 135°F.

Observed temperature logs complete and thorough.

Facility is clean and well maintained.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> TACO BELL #4622	<b>BUSINESS PHONE:</b> (559) 582-3391	<b>RECORD ID#:</b> PR0000336	<b>DATE:</b> June 01, 2010
<b>FACILITY SITE ADDRESS:</b> 1796 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> CONSTRUCTION/EQUIPMENT INSF
<b>OWNER NAME:</b> TACO BELL CORP	<b>CERTIFIED FOOD HANDLER:</b> NORMA KELLY	<b>EXP DATE:</b> 5/12/2009	<b>INSPECTOR:</b> Lee Johnson - 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:

Final Construction Inspection, New Taco Bell, constructed at the site of an old store (demolished).

All equipment is new commercial grade. Gaps have been sealed. Hot water is present. Indirect drains are present where required. Trash enclosure is plumbed with hot and cold water. Ventilation hood and make up air is fully functional.

Some finish work remains to be done. Parking lot will be completed this week.

Please do the following prior to opening:

Insure all dispensers at hand sinks are stocked with soap and paper towels.

Insure that the two prep refrigeration units are holding 41F or less.

Insure all equipment assembly is complete and functioning as required, and that the facility is thoroughly clean.

OK to operate once all of the above is complete. No need for additional inspection.

Thank you.

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

*Donny altered crabbin*

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

*Lee Johnson - REHS*

Agency Representative

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<b>FACILITY NAME:</b> TACO BELL #4622	<b>BUSINESS PHONE:</b> (559) 582-3391	<b>RECORD ID#:</b> PR0000336	<b>DATE:</b> July 16, 2009
<b>FACILITY SITE ADDRESS:</b> 1796 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> TACO BELL #4622	<b>CERTIFIED FOOD HANDLER:</b> NORMA KELLY	<b>EXP DATE:</b> 5/12/2009	<b>INSPECTOR:</b> 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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** Current certification has expired and employee listed no longer works at the facility. Operator indicated three managers are currently certified but no proof on hand for review. Please fax a copy of a certificate for a member of the staff.

**Violation:** IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

**Description/Corrective Action:** Numerous flies were observed. Please check with Ecolab for efficiency of UV lamps and increase air flow for fan blowers if possible.

**Violation:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** The men's bathroom was observed unclean.

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

**Description/Corrective Action:** Cleaning buckets had no sanitizer - please add or replace with clean water. Deep cleaning is also required to remove excess build-up from all equipment.

**General Comments:**

Cold and hot holding temperatures were satisfactory. Temperature logs are maintained accurate and current.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

*[Handwritten signature]*

Liliana Stransky - REHS

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

Agency Representative

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