



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 #22871	<b>BUSINESS PHONE:</b> (559) 584-4247	<b>RECORD ID#:</b> PR0006738	<b>DATE:</b> July 27, 2011
<b>FACILITY SITE ADDRESS:</b> 1722 N 11TH AVE	<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> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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: None Noted

**General Comments:**

Hot holding temperatures were all over 135°F.

Cold holding units & foods were all 41° F. or below.

Manager is pending manager certification results. Proof was available. Please fax a copy of the certificate to our department.

Temperature logs were filled in.

Hand washing stations were fully stocked.

Facility uses 3 compartment sink to sanitize.

Women restroom was Okay.

Overall, the food facility appeared in good operational condition.

<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 checked="" type="checkbox"/> Potential Food Safety All Star:

*M. the [signature]*

Received By:

*Yatee Patel - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> TACO BELL #22871	<b>BUSINESS PHONE:</b> (559) 584-4247	<b>RECORD ID#:</b> PR0006738	<b>DATE:</b> January 11, 2011
<b>FACILITY SITE ADDRESS:</b> 1722 N 11TH AVE	<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> RALPH BOTELLO	<b>EXP DATE:</b> 2/22/2011	<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:

Observed restroom and hand wash station stocked with soap and paper towels.

Beans, carne asada, and chicken on the steam table were noted above 135°F.

Cold holding units were noted at or below 41°F.

Observed temperature logs up-to-date and thorough.

Facility is in good operating condition.

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

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<b>FACILITY NAME:</b> TACO BELL #22871	<b>BUSINESS PHONE:</b> (559) 584-4247	<b>RECORD ID#:</b> PR0006738	<b>DATE:</b> December 09, 2009
<b>FACILITY SITE ADDRESS:</b> 1722 N 11TH AVE	<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> RALPH BOTELLO	<b>EXP DATE:</b> 2/22/2011	<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 FOOD TEMPERATURE MONITORING [HSC 113998 & 114000]

**Description/Corrective Action:** Observed temperature logs not thoroughly filled out. Some shifts were missing temperatures for various days. Please make sure all temperature logs are thoroughly completed.

**Violation:** IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

**Description/Corrective Action:** Observed two handwash stations clogged; however, one handwash station is functioning properly. Please contact plumber to repair clogged handwash stations and then notify our Department once problem has been resolved.

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

**Description/Corrective Action:** Chlorine sanitizer for buckets and 3-compartment sink measured 0 ppm. Please maintain minimum concentration of 100 ppm.  
  
Observed knives in knife rack with food debris.  
Observed back floor drain with accumulated trash debris.  
Please clean all utensils and equipments thoroughly.

**General Comments:**

- All cold holding units were noted below 41°F.
- Hot potentially hazardous foods (rice, beans, chicken, ground beef) on the steam table were noted above 135°F.
- Observed walk-in units organized and in good condition.

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

*Thomas J. Kelly*

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

*Susan Lee-Yang - REHS*

Agency Representative

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