



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: CARL'S JR #193	BUSINESS PHONE: (559) 386-5355	RECORD ID#: PR0000468	DATE: February 22, 2010
FACILITY SITE ADDRESS: 33300 HUBERT WY	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARCHER ENTERPRISES-MALIA PALU	CERTIFIED FOOD HANDLER: ROBERT CASTILLO	EXP DATE: 6/7/2012	INSPECTOR: 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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The interior of the microwave was noted with food debris. A green film was noted behind both ice dispenser shoots. Debris was noted on the cookline floor and beneath equipment. Please clean and sanitize these areas frequently.

General Comments:

All hot and cold temperatures checked today were satisfactory. Sanitizer levels checked were appropriate. Quality Assurance data is logged at least twice daily.

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:

Robert Castillo

Received By: _____

Lee Johnson - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CARL'S JR #193	BUSINESS PHONE: (559) 386-5355	RECORD ID#: PR0000468	DATE: May 29, 2009
FACILITY SITE ADDRESS: 33300 HUBERT WY	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARCHER ENTERPRISES-MALIA PALU	CERTIFIED FOOD HANDLER: ROBERT CASTILLO	EXP DATE: 6/7/2012	INSPECTOR: 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: IMPROPER REFUSE STORAGE OR DISPOSAL [HSC 114244-114245.8]

Description/Corrective Action: The cap for the sewer line clean-out near the mop sink was noted to be un-sealed, with evidence of a recent small back-up. Please keep clean out tightly capped. Contact plumber to investigate possible blockages.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The salad refrigerator measured 44F. Please adjust to hold 41F or less at all times.

General Comments:

Except as noted, all hot, cold, and cooking temperatures checked today were satisfactory. All hand wash sinks were fully stocked. Food and equipment temperatures are logged three times per day. Date & Time marking is used for product rotation. 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 checked="" type="checkbox"/> Potential Food Safety All Star:

Robert Castillo

Lee Johnson - REHS

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CARL'S JR #193	BUSINESS PHONE: (559) 386-5355	RECORD ID#: PR0000468	DATE: December 11, 2008
FACILITY SITE ADDRESS: 33300 HUBERT WY	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARCHER ENTERPRISES	CERTIFIED FOOD HANDLER: ROBERT CASTILLO	EXP DATE: 6/7/2012	INSPECTOR: Lee Johnson

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: Please replace the burned out light bulb in the walk in.

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

Description/Corrective Action: The unused refrigeration line (west) is in need of cleaning inside to remove accumulated debris.

General Comments:

All hot and cold temps checked today were satisfactory. QA records are maintained. All handwash stations are fully stocked. Time and date controls are used. Thank you.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Robert Castillo

Lee Johnson

Received By:

Environmental Health Specialist

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