



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: KENTUCKY FRIED CHICKEN	BUSINESS PHONE: (559) 924-2744	RECORD ID#: PR0005107	DATE: March 02, 2010
FACILITY SITE ADDRESS: 1019 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: DENNY WAGSTAFF	CERTIFIED FOOD HANDLER: MANNY S. SOUZA	EXP DATE: 5/19/2014	INSPECTOR: Veronica Santa Cruz-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: The handwash station located by the dry storage area has a loose/broken pipe underneath the unit which causes water to leak everywhere. Have this handwash station repaired by the next follow up inspection.

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

Description/Corrective Action: The missing tiles throughout the facility have not been replaced.

General Comments:

Today's follow up inspection was to determine if the missing tiles were replaced and the noted handwash station was repaired from leaking. Since the violations were not corrected in the time frame given by our department, a second follow up re-inspection will take place on April 2, 2010. The facility will be billed \$220 for the second follow up re-inspection and any other re-inspections that may have to occur to ensure compliance of the noted violations.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	Reinspection Date (on or after): 4/2/2010 <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Veronica Santa Cruz-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: KENTUCKY FRIED CHICKEN	BUSINESS PHONE: (559) 924-2744	RECORD ID#: PR0005107	DATE: January 28, 2010
FACILITY SITE ADDRESS: 1019 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DENNY WAGSTAFF	CERTIFIED FOOD HANDLER: MANNY SOUZA	EXP DATE: 5/10/2009	INSPECTOR: Veronica Santa Cruz-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 many of the floor tiles missing throughout the facility. Many of these missing tiles is allowing water to accumulate on the floor, which is not permitted. All these missing floor tiles must be replaced by the next scheduled re-inspection.

Also observed an accumulation of grease in the floor drain located by the walk-in unit. This floor drain must be cleaned out to avoid back-up of the facility. During the inspection, the manager called for this floor drain to be serviced. Please notify our department when this floor drain is serviced.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed coleslaw in the walk-in unit uncovered. Please make sure that foods that are being stored are covered at all times.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The handwash station located by the dry storage area is leaking. Please repair the leak.

General Comments:

All cold holding units measured at 41°F or below.
Grilled chicken, fried chicken, and pot pies measured well above 135° F in the hot holding units.
Handwash stations were stocked with hot water, soap, and paper towels.
Facility is documenting food temperatures logs and they were observed to be up-to-date.

A re-inspection will occur on or after March 1, 2010 to determine if the above noted violations have been corrected. This re-inspection will be free of charge however, if another re-inspection is needed, the facility will be billed \$220 for each subsequent re-inspection.

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KENTUCKY FRIED CHICKEN	BUSINESS PHONE: (559) 924-2744	RECORD ID#: PR0005107	DATE: January 28, 2010
FACILITY SITE ADDRESS: 1019 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DENNY WAGSTAFF	CERTIFIED FOOD HANDLER: MANNY SOUZA	EXP DATE: 5/10/2009	INSPECTOR: Veronica Santa Cruz-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.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): <u>3/1/2010</u> <input type="checkbox"/> Potential Food Safety All Star:
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Juan M. Garcia

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KENTUCKY FRIED CHICKEN	BUSINESS PHONE: (559) 924-2744	RECORD ID#: PR0005107	DATE: July 31, 2009
FACILITY SITE ADDRESS: 1019 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DENNY WAGSTAFF	CERTIFIED FOOD HANDLER: MANNY SOUZA	EXP DATE: 5/10/2009	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 pipe under back hand wash station with leaking water. Please repair/replace pipe to prevent leakage.
 - Observed two floor drains (by walk-in refrigerator and ice machine) clogged. Please call for service ASAP and notify this Department before 5:00 pm today to verify that the problem has been repaired. Manager contacted plumber during time of inspection.
 - Observed front hot holding unit with broken cover. Please replace cover. Manager stated cover has been ordered.
 - Observed progress with tile replacements. Please continue to replace broken tiles.

General Comments:

- All hot potentially hazardous foods measured above 135°F.
- All cold holding units measured below 41°F.
- All QAC sanitizer buckets measured 200 ppm.
- Observed employees conducting proper hand wash procedures.
- Observed temperature logs up-to-date.
- Employee demonstrated proper procedures for new convection oven. Procedure is deemed satisfactory.
- Observed improvement with general cleanliness 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:

Received By:

Susan Lee-Yang - REHS

Agency Representative

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