



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: FAST N FRIENDLY	BUSINESS PHONE: (559) 582-7569	RECORD ID#: PR0003416	DATE: May 09, 2011
FACILITY SITE ADDRESS: 10890 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MOHMED NAAMI	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Raymond Cooke - 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: The condensate drain line for the walk-in refrigerator was noted dripping in two locations.

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

Description/Corrective Action: A walk-in refrigerator was installed without a permit. The floor in this unit needs to be replaced. Replace by January 1, 2012.

Violation: UNNECESSARY ITEMS AND LITER (HSC 114257.1)

Description/Corrective Action: Remove trash from behind the store and seal all openings in the wall.

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

Description/Corrective Action: The restroom was noted to be in sanitary. Maintain facility clean.

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

Description/Corrective Action: Maintain the 2 compartment sink clean and clear.

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

Description/Corrective Action: The hand wash sink in the restroom is deteriorated. Replace sink, faucet, and cabinet by January 1st 2012.

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

Description/Corrective Action: The food in the walk-in refrigerator was noted at 43 degrees. All food product must be maintained at or below 41 degrees.

General Comments:

This facility has remodeled without prior approval. Do not install new equipment or remodel without obtaining prior authorization.

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



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OWNER NAME: MOHMED NAAMI	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Raymond Cooke - REHS

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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:
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M. Salas

Raymond Cooke - REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FAST N FRIENDLY	BUSINESS PHONE: Not Specified	RECORD ID#: PR0003416	DATE: May 17, 2010
FACILITY SITE ADDRESS: 10890 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MOSA ALMUNTASR	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: The facility's restroom was inaccessible during today's routine inspection. The room where the restroom is located was observed to be filled with sodas and other equipment (ladder and mop bucket).

The facility's restroom must be accessible during the stores operational hours for the employees to use. Please organize this room so that the restroom is accessible.

General Comments:

Pre-packaged sandwiches in the cold holding unit measured at 41°F.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FAST N FRIENDLY	BUSINESS PHONE: Not Specified	RECORD ID#: PR0003416	DATE: April 01, 2009
FACILITY SITE ADDRESS: 10890 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MAHAMED H. NAAMI	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 walk-in refrigerator with excess dust accumulation on fan and racks. Please thoroughly clean all equipments.
 - Observed various carbon dioxide cylinders unchained. Please chain all cylinders.
 - Observed storage room cluttered. Please organize and clean storage room to allow walk way to restroom.

General Comments:

- Walk-in refrigerator measured at 40°F.
- Observed soda nozzles clean.
- Please maintain daily cleaning of walk-in refrigerator and storage room.

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