



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> FAST N FRIENDLY	<b>BUSINESS PHONE:</b> Not Specified	<b>RECORD ID#:</b> PR0003416	<b>DATE:</b> May 17, 2010
<b>FACILITY SITE ADDRESS:</b> 10890 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MOSA ALMUNTASR	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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



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<b>FACILITY NAME:</b> FAST N FRIENDLY	<b>BUSINESS PHONE:</b> Not Specified	<b>RECORD ID#:</b> PR0003416	<b>DATE:</b> April 01, 2009
<b>FACILITY SITE ADDRESS:</b> 10890 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MAHAMED H. NAAMI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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 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

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### FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> FAST N FRIENDLY	<b>BUSINESS PHONE:</b>	<b>RECORD ID#:</b> PR0003416	<b>DATE:</b> April 02, 2008
<b>FACILITY SITE ADDRESS:</b> 10890 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MAHAMED H. NAAMI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Yatee Patel

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:** Poor sanitation was observed at the facility's walk in area and back storage area. .  
Observed food & debris under walk in shelves.  
Establish a daily cleaning schedule.


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

**Description/Corrective Action:** Observed debris around soda machine & inside nozzles. Please clean.

**General Comments:**

General housekeeping needs improvement, including walls, floors and equipment.

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

*Yatee Patel*  
Environmental Health Officer

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