



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: 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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FAST N FRIENDLY	BUSINESS PHONE:	RECORD ID#: PR0003416	DATE: April 02, 2008
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: 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.

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

Yatee Patel
Environmental Health Officer

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