



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/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: APPLEBEE'S NEIGHBORHOOD GRILL & BAR	BUSINESS PHONE: (503) 722-2825	RECORD ID#: PR0009475	DATE: September 06, 2016
FACILITY SITE ADDRESS: 1665 W LACEY RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: APPLE MID CAL II, LLC	CERTIFIED FOOD MANAGER: KAYLAH HENDRICKS	EXP DATE: 5/13/2021	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 of 3-compartment sink leaking water. Repair/replace pipe to prevent water from leaking. Ensure hood filters are changed regularly to prevent accumulation.

General Comments:

- Restroom and hand wash stations have hot water, soap and paper towels. Cold holding units were noted satisfactory. QAC sanitizer buckets were noted at 200 ppm. Chlorine sanitizer for dishwasher was noted at 50 ppm. Observed bar area clean and maintained. Observed good organization inside walk-in refrigerator. Observed temperature logs up-to-date.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL. Reinspection Required: Yes: [] No: [X]. Reinspection Date (on or after): N/A. [X] Potential Food Safety All Star.

Signature of Kaylah Hendricks

Received By:

Susan Lee-Yang - 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: APPLEBEE'S NEIGHBORHOOD GRILL & BAR	BUSINESS PHONE: (503) 722-2825	RECORD ID#: PR0009475	DATE: February 26, 2016
FACILITY SITE ADDRESS: 1665 W LACEY RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: APPLE MID CAL II, LLC	CERTIFIED FOOD HANDLER: MATTHEW CORTEZ	EXP DATE: 8/24/2020	INSPECTOR: Liliana Stransky - 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: Hand washing station at the bar did not have paper towels. These were replaced during the inspection.

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

Description/Corrective Action: The final rinse cycle for the dishwasher was not dispensing chlorine sanitizer. The operator stated he would call ecolab to have the machine serviced and retested.

Deep fryer and hood filters require deep cleaning.

General Comments:

Observed all cold holding temperatures at or below 41F.
Proper storage of food products observed inside the walk-in. Foods were covered and labeled with use by dates.
Refrigeration drawers beneath the grill, along the prep line, observed below 41F.
Sanitizer buckets were noted with 200 ppm of ammonia sanitizer.

Overall the facility was noted well maintained.

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:

Received By:

Liliana Stransky - REHS

Agency Representative

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Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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: Chlorine sanitizer for dishwasher was noted at 0 ppm. Call for service and ensure chlorine sanitizer is at least 50 ppm.

General Comments:

- Restroom and hand wash stations had hot water, soap, and paper towels. All cold holding units were noted at or below 41° F. QAC sanitizer buckets were noted at 200 ppm. Observed bar area clean and maintained. Observed good organization inside walkin refrigerator. Observed valid CA Food Handler Cards for all employees. Please correct today's noted violation.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Handwritten signature

Received By:

Susan Lee-Yang - REHS

Agency Representative

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