



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: CARL'S JR #193	BUSINESS PHONE: (559) 386-5355	RECORD ID#: PR0000468	DATE: September 27, 2016
FACILITY SITE ADDRESS: 33300 HUBERT WY	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JEFF CASARETTO	CERTIFIED FOOD MANAGER: GLENN HITCHRICK	EXP DATE: 1/25/2021	INSPECTOR: Troy Hommerding-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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Below the chicken breading prep-area, old food debris was observed caked into an old door caseing, please clean and seal the gap.

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

Description/Corrective Action: Deep fat fryer hood was observed missing the grease catch cup, please replace.

General Comments:

Customer restrooms were observed in satisfactory condition.

All cold holding temperatures were measured at or below 41°F. Walk-in refrigeration unit measured at 39°F Raw chicken at the chicken breading station measured at 36°F.

Final cooking of a hamburger patty cook on the char-broiler measured betweewn 184°-190°F

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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Received By: _____

Troy Hommerding-REHS

Agency Representative

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



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

Description/Corrective Action: Excessive grease was noted in the baffles of the exhaust hood above the fry station. The operator notified that the baffles shall be replaced soon. The floors in the food preparation area was noted to be slippery due to accumulation of grease. Please thoroughly clean to remove excessive grease. The environment in the food preparation area was hot and thermally uncomfortable for employees. The operator notified that the maintenance personnel has already been notified of this issue and they are working on fixing a broken A.C. sensor in that area.

General Comments:

Hand wash station had soap, paper towels, and warm water supply. Walk-in refrigerator and other refrigerators were measured at satisfactory temperatures per the state law. Hot food items were measured at satisfactory temperatures per the state law. All food items were stored at least six inches above the floor. The temperature of the water supply in three compartment sink was measured at 121 F and the sanitizer was measured at 200 PPM. Food certifications and daily temperature monitoring records were reviewed during inspection.

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

Handwritten signature of the inspector.

Received By:

Vikram Singh Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CARL'S JR #193	BUSINESS PHONE: (559) 386-5355	RECORD ID#: PR0000468	DATE: August 07, 2015
FACILITY SITE ADDRESS: 33300 HUBERT WY	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CARL'S JR. RESTAURANTS LLC	CERTIFIED FOOD HANDLER: Roy Walton	EXP DATE: 3/14/2016	INSPECTOR: Vikram Singh

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 floor area under the cooking equipment and behind the cooking equipment had excessive grease. Please clean thoroughly to remove excessive grease.

General Comments:

Hand wash station had soap, paper towels, and warm water supply. The cold foods and cold holding units were measured at satisfactory temperatures per the state law. Food items were stored at least 6 inches above the floor. Sanitizer was measured at 200 ppm. Restrooms were observed in a good condition. The facility monitors and records food temperatures on a daily basis. The records were verified. Frequent hand washing was observed.

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: _____

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Agency Representative

Vikram Singh

Received By: _____

Agency Representative

Vikram Singh

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