County of Kings - Department of Public Health
Environmental Health Serivces 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:	BUSINESS PHONE:	RECORD ID#:	DATE:
CHARLEY'S GRILLED SUBS	(559) 582-8822	PR0007540	January 12, 2017
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
1675 W LACEY BLVD VC1	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
FRESH STEAKERY FOOD MGMT	ADRIANNE R METCALF	3/3/2020	Abel Simon - 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: None Noted

General Comments:

The hand wash station was observed to be fully stocked with hot water, soap, and paper towels.

The temperature of all the cold holding units was noted to be at or below 41°F.

The temperature of all the fries in the hot holding units was noted to be above 135°F.

All items with in the cold holding unit were noted to be covered.

Observed proper use of sanitizer in the three compartment sink.

Thank you.

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:

Received By:

Abel Simon - 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:	BUSINESS PHONE:	RECORD ID#:	DATE:
CHARLEY'S GRILLED SUBS	(559) 582-8822	PR0007540	July 25, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
1675 W LACEY BLVD VC1	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
FRESH STEAKERY FOOD MGMT	ADRIANNE R METCALF	3/3/2020	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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action:

In general the facility could improve the overall housekeeping practices. Please maintain and adhere to a daily cleaning schedule of all equipment, floors and counter surfaces to prevent accumulation of food debris.

The doors of the condiment refrigerator left of the grill, need to be fixed to prevent loss of temperature.

Employee beverages need to be in spill proof containers or covered cups with straws.

General Comments:

Observed hot and cold holding temperatures at appropriate ranges. The refrigeration units were monitored below 41F.

The sanitizer level for the 3 compartment sink had 200 ppm of quats sanitizer.

The hand washing station had soap and paper towels. It is recommended that you also have soap and paper towel dispensers at the sink in the front line for quicker access by the employees.

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:

Adrienne Metcalf

Received By:

Liliana Stransky - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
CHARLEY'S GRILLED SUBS	(559) 582-8822	PR0007540	December 21, 2015
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
1675 W LACEY BLVD VC1	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD HANDLER:**	**EXP DATE:**	**INSPECTOR:**
FRESH STEAKERY FOOD MGMT	ADRIANNE R METCALF	3/3/2020	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 numerous trash and food debris underneath and in between equipment and storage racks.
Facility needs to ensure thorough and regular cleaning occurs. Recommend implementing daily and weekly cleaning logs to ensure accumulation does not occur.

Observed one portion of ceiling tile missing in cooking area.
Replace missing ceiling tile.

Observed food utensils stored next to non-food equipment.
Facility needs to organize back kitchen and ensure food equipment is stored away from non-food equipment.

General Comments:

Hand wash station had hot water, soap and paper towels.

All cold holding units were noted satisfactory.

Observed food products stored off the ground.

Facility needs to focus on general cleaning throughout the facility. This includes in between and underneath equipment and storage racks.

Should facility fail to correct these noted items, further enforcement may occur.

RESULTS OF EVALUATION: ☐ PASS ☒ NEEDS IMPROVEMENT ☐ FAIL

Reinspection Required: Yes: ☐ No: ☒

Reinspection Date (on or after): N/A

☐ Potential Food Safety All Star:

Adrianne Metcalf

Received By:

Susan Lee-Yang - REHS

Agency Representative

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