



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: KENTUCKY FRIED CHICKEN	BUSINESS PHONE: (541) 273-4639	RECORD ID#: PR0008990	DATE: October 04, 2022
FACILITY SITE ADDRESS: 412 N REDINGTON	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JEC NEVADA FOODS, LLC	CERTIFIED FOOD MANAGER: MIGUEL RODRIGUEZ	EXP DATE: 4/11/2023	INSPECTOR: Evelyn Elizalde

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 debris build up at floor sink above soda machine next to drive through window. Please maintain area clean and free of debris.

General Comments:

The following was observed during today's routine inspection:

The three compartment sink had hot water at 120 F.

All refrigeration units were at 41 F.

All hot holding foods were above 135 F.

Sanitizer buckets were available all throughout kitchen and replaced on a timely basis.

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

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 in blue ink.

Evelyn Elizalde

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: KENTUCKY FRIED CHICKEN	BUSINESS PHONE: (541) 273-4639	RECORD ID#: PR0008990	DATE: March 03, 2022
FACILITY SITE ADDRESS: 412 N REDINGTON	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JEC NEVADA FOODS, LLC	CERTIFIED FOOD MANAGER: MIGUEL RODRIGUEZ	EXP DATE: 4/11/2023	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: None Noted

General Comments:

Observed the facility very organized and clean.

* Every hot holding unit was observed above 135F, and all cooked foods are held for set time periods between 30 minutes and 4 hours before they are discarded.

* The refrigeration temperatures of the reach-in units and walk-ins were observed at or below 41F. Foods are stored safely in covered containers with date markings using the FIFO method.

* Hand washing stations were noted with hand soap, paper towels and hot water.

* QAC sanitizer for the 3 compartment sink and yellow buckets was available at 200 ppm concentration.

* Daily temperature monitoring is conducted electronically three times during the day. The monitoring logs were observed current.

* Restroom facilities were observed well maintained.

* Food manager and handler certification is available for employees.

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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FACILITY SITE ADDRESS: 412 N REDINGTON	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JEC NEVADA FOODS, LLC	CERTIFIED FOOD MANAGER: MIGUEL RODRIGUEZ	EXP DATE: 4/11/2023	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: None Noted

General Comments:

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* Food manager and handler certification is available for employees.

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:

Liliana Stransky - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KENTUCKY FRIED CHICKEN	BUSINESS PHONE: (559) 582-5101	RECORD ID#: PR0008990	DATE: February 26, 2021
FACILITY SITE ADDRESS: 412 N REDINGTON	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JEC NEVADA FOODS, LLC	CERTIFIED FOOD MANAGER: MIGUEL RODRIGUEZ	EXP DATE: 4/1/2023	INSPECTOR: Paven Bath

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:

Temperature Control: Proper hot and cold holding temperatures were measured during the inspection. Temperature logs were filled in and up-to-date.

Sanitation: Sanitation buckets and three-compartment sink were measured at 100 ppm of chlorine solution.

California Food Safety Certification: Regulatory requirements such as certifications for proper food safety (i.e., Food Safety Manager Certification and California Food Handler Card) are obtained by this facility.

Hand Wash Station/Restroom: Hand wash stations/restroom were fully stocked. Hot and cold water was readily available as well.

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:

No Signature due to COVID-19 Protocol

Paven Bath

Received By: _____

Agency Representative _____

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