



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**

<b>FACILITY NAME:</b> POPEYE'S CHICKEN	<b>BUSINESS PHONE:</b> (559) 433-5545	<b>RECORD ID#:</b> PR0008599	<b>DATE:</b> December 20, 2022
<b>FACILITY SITE ADDRESS:</b> 310 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> 2ND+ FOLLOWUP INSPECTION
<b>OWNER NAME:</b> BANGAR'S RESTAURANTS, INC.	<b>CERTIFIED FOOD MANAGER:</b> Carrie Davis	<b>EXP DATE:</b> 9/1/2026	<b>INSPECTOR:</b> SEM HAR GEBREGZIABIHE

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 purpose of this inspection is to verify compliance from the previous inspection on 11/3/2022. The inspection revealed the following:

-All grease accumulation that was noted in the previous inspection was cleaned. The owner stated she had all employees clean the facility routinely to prevent the food build up.

-No signs of pests were observed during today's inspection.

Please continue to monitor and maintain the facility at all times.

Thank you for your time.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> <u>      N/A      </u> <input type="checkbox"/> Potential Food Safety All Star:
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SEM HAR GEBREGZIABIHE

Received By: \_\_\_\_\_

Agency Representative

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



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<b>FACILITY NAME:</b> POPEYE'S CHICKEN	<b>BUSINESS PHONE:</b> (559) 433-5545	<b>RECORD ID#:</b> PR0008599	<b>DATE:</b> November 03, 2022
<b>FACILITY SITE ADDRESS:</b> 310 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> 2ND+ FOLLOWUP INSPECTION
<b>OWNER NAME:</b> BANGAR'S RESTAURANTS, INC.	<b>CERTIFIED FOOD MANAGER:</b> Carrie Davis	<b>EXP DATE:</b> 9/1/2026	<b>INSPECTOR:</b> SEM HAR GEBREGZIABIHE

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**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed an excessive amount of grease build-up in the entire hood area. Please have this cleaned as this can cause a grease fire.

Repeat violation: Observed grease build-up on the ovens that is used to warm the facility's biscuits, and food debris was observed on the handles of all refrigeration units.

Repeat Violation: Observed an excessive amount of food, water and grease build-up throughout the facility (adjacent and underneath equipment, broken/ loose tile pieces was observed adjacent to the fryers with grease and water build-up). Please replace the tiles and facilitate a deep clean of its floors and equipment surfaces. Please have this done as soon as possible.

**General Comments:**

The purpose of this inspection is to verify compliance with the previous re-inspection that was conducted. The inspection revealed the following:

-Food and grease build up was still present underneath and around equipment. This is a continuing issue and needs to be resolved immediately.

-The general manager of the facility and another employee were observed starting to clean the facility. Please ensure to clean and maintain this at all times.

-Pest control reports were available for review.

-This inspection was done in conjunction with a complaint investigation. Please see complaint report for more details.

-A re-inspection will be conducted on or after 11/18/2022 to verify compliance. A \$226 fee will be implemented to this inspection and if further inspections are required an administrative hearing will be held. Please contact the department should you have any questions.

Please correct the above noted violations in a timely manner.

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	<b>Reinspection Date (on or after):</b> <u>          N/A          </u>
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