

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: RALLY'S	BUSINESS PHONE: (559) 269-2660	RECORD ID#: PR0005108	DATE: June 16, 2022
FACILITY SITE ADDRESS: 1706 W LACEY BLVD	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: F & M RESTAURANTS INC/FRED HOWARD	CERTIFIED FOOD MANAGER: CARLOS GUTIERREZ	EXP DATE: 4/27/2027	INSPECTOR: SEMHAR 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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed no paper towels in the paper towel dispenser. This was corrected once

mentioned.

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

Description/Corrective Action: Observed the ice scoop left in the ice. Please be sure to leave the scoop separate from

the ice when not in use.

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

Description/Corrective Action: Observed both hoods dirty with grease accumulation. Please have these serviced as

soon as possible.

Observed grease leaking from behind the grill across from the dry storage. Please have the unit serviced as soon as possible. This is a repeat violation and was mentioned in a

previous report.

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

Description/Corrective Action: Observed the walk- in unit fully stocked with boxes and was completely inaccessible.

Organize and maintain all items stored in the unit. This is a repeat violation and was

mentioned in a previous report.

The area all around the fryer, grill, syrup dry storage, and three compartment sink area are in need of deep cleaning. Observed grease build up in between the floor tiles, syrup build up, and debris all throughout those areas. Please clean this as soon as possible.

General Comments:

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

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Received By:

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OWNER NAME: F & M RESTAURANTS INC/FRED HOWARD	CERTIFIED FOOD MANAGER: CARLOS GUTIERREZ	EXP DATE: 4/27/2027	INSPECTOR: SEMHAR 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.						
Observations:						
Hand washing station was supplied with hot water and soap.						
Restrooms were fully stocked with hot water, soap, and paper towels.						
All dry storage was stored six inches above the ground.						
Food Manager certification is valid until 4/27/2027.						
The last pest control service date was 6/1/2022.						
Please correct the above noted violations in a timely questions.	manner. Please feel free to contac	t our office should	you have any			
Thank you for your time.						
		Reinspection Re	equired: Yes: No: X			
RESULTS OF EVALUATION: PASS X NEED	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A			
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Agency Representative

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FACILITY SITE ADDRESS: 1706 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: INITIAL COMPLAINT INSPECTION			
OWNER NAME: F & M RESTAURANTS INC/FRED HOWARD	CERTIFIED FOOD MANAGER: CARLOS GUTIERREZ	EXP DATE: 4/27/2027	INSPECTOR: SEMHAR GEBREGZIABIHE			
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Violation: None Noted						
General Comments:			_			
The purpose of this inspection is to investigate a con and improper hand washing.	nplaint the department received in	regards to improp	er food handling			
During the investigation the following was observed:						
All employees were washing their hands frequently and when changing tasks.						
Observed an employee wash their hands, dry them, and wear gloves before beginning food prep work.						
No signs of cross contamination was observed throu	gh the food handling process.					
At this time the complaint cannot be substantiated.						
Thank you for your time.						
		Reinspection R	tequired: Yes: No: X			
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT FAIL	Reinspection D	ate (on or after): N/A			
		Potential Food Safety All Star:				
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Received By:		Agency Repres	entative			

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