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.

<table>
<thead>
<tr>
<th>Violation</th>
<th>Description/Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPROPER MAINTENANCE OF HANDWASH FACILITIES</td>
<td>Observed no paper towels in the paper towel dispenser. This was corrected once mentioned.</td>
</tr>
<tr>
<td>[HSC 113953 - 113953.2]</td>
<td></td>
</tr>
<tr>
<td>FOODS &amp; EQUIPMENT NOT PROTECTED FROM CONTAMINATION</td>
<td>Observed the ice scoop left in the ice. Please be sure to leave the scoop separate from the ice when not in use.</td>
</tr>
<tr>
<td>[HSC 113980, 114025-114027]</td>
<td></td>
</tr>
<tr>
<td>IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT</td>
<td>Observed both hoods dirty with grease accumulation. Please have these serviced as soon as possible.</td>
</tr>
<tr>
<td>[HSC 114161-114182 &amp; 114257]</td>
<td>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.</td>
</tr>
<tr>
<td>IMPROPER CLEANING OF UTENSILS AND EQUIPMENT</td>
<td>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.</td>
</tr>
<tr>
<td>[HSC 114095-114099.5 &amp; 114101-114119]</td>
<td>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.</td>
</tr>
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**General Comments:**
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**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 manner. Please feel free to contact our office should you have any questions.

Thank you for your time.

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**Results of Evaluation:**

- [X] Needs Improvement

**Reinspection Required:** Yes [X] No

**Reinspection Date (on or after):** N/A

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**Certification:**

- [X] Potential Food Safety All Star

**Received By:**

- SEMHAR GEBREGZIABIHE
  - Agency Representative

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**Note:** This report must be made available to the public on request
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: INITIAL COMPLAINT 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: None Noted

General Comments:

The purpose of this inspection is to investigate a complaint the department received in regards to improper food handling and improper hand washing.

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 through the food handling process.

At this time the complaint cannot be substantiated.

Thank you for your time.

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: SEMHAR GEBREGZIABIHE
Agency Representative

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