

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: POPEYE'S LOUISIANA KITCHEN	BUSINESS PHONE: (559) 585-1731	RECORD ID#: PR0008409	DATE: November 23, 2021
FACILITY SITE ADDRESS: 1660 W HANFORD-ARMONA RD A	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARAM BANGAR	CERTIFIED FOOD MANAGER: CARRIE DAVIS	EXP DATE: 9/1/2026	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

[HSC 114161-114182 & 114257]

Description/Corrective Action:

Deep cleaning of the chicken preparation area needs improvement. Please make sure to remove build-up and excess grease from all work surfaces including floors and walls

to reduce the risk of cross-contamination and pest infestation.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES

[HSC 113953 - 113593.2]

Description/Corrective Action:

One hand washing station was obstructed and not ready for use. The manager cleared the items in the sink to make it accessible for employees.

The station next to the office had very low water pressure and the hot water takes too long to arrive at the tap. Please make the necessary repairs so it dispenses hot water (100F or higher) with ease and has good pressure.

Please install signs in the restrooms stating that employees must wash hands before returning to their work stations.

General Comments:

ROUTINE INSPECTION -

- * Observed cooked food items: chicken, chicken nuggets and mashed potatoes were all held above 140F. These items are held hot for a set time limit and then are replaced.
- * Every refrigerator was noted below 41F and freezers were below 0F. The walk-in units were observed organized and all food was noted above the floor a minimum of 6 inches.
- * Sanitizer buckets were observed with 200ppm QAC concentration. Sanitizer was also available for the 3 compartment sink.
- * Every hand washing station had soap, paper towels and hot water, except for the one next to the office as noted above.
- * Every employee was observed with hair restraints, face covers and gloves during food preparation and dispensing.

Please address the noted deficiencies in a timely manner and let us know if you have any questions.

Thank you.

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

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The items (if any) listed below identify the violation(s) that must be on the conducted (if needed) at no charge. A serv	, , ,				
		Reinspection Re	equired: Yes: No: X		
RESULTS OF EVALUATION: PASS X NEED	OS IMPROVEMENT FAIL	Reinspection Date (on or after): N/A Potential Food Safety All Star:			
Car Don		I iliana Stuanala	. DEUC		
Received By:		Liliana Stransky - REHS Agency Representative			

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FACILITY NAME	:: ISIANA KITCHEN			BUSINESS PHONE: (559) 585-1731		RECORD ID#: PR0008409			
FACILITY SITE A	ADDRESS: RD-ARMONA RD A			CITY: HANFORD		ZIP CODE: 93230	INSPECTION TY		TION
OWNER NAME: CERTIFIED FOO KARAM BANGAR ABIGAIL PENA					ANAGER:	EXP DATE: 2/8/2022	INSPECTOR: Yatee Patel - F	INSPECTOR: Yatee Patel - REHS	
,		٠,		corrected. Thank you rice fee is assessed for	•		l.		
Violation: No	one Noted								
General Comm A re-inspec Observed:		o make sure t	he fryers are	e working well, and	the facility was	cleaned and sar	nitized.		
The food pr surfaces are The 3 comp	ound the fryer w partment sink wa	e fryer, the ho ere noted cle as observed a	ot holding un an. It 200ppm Q	it surfaces, the 3 o					
	dispose the grea continue cleanin			er. surfaces frequently,	including aroun	d the fryer and	the hood area.		
	ust be reheated	to 165F, befo	re placing ir	n the hot holding ur	nits.				
Thank you RESULTS OF E	VALUATION:	PASS	X NEED	OS IMPROVEMENT	FAIL	Reinspection Reinspection	Required: Yes Date (on or after): Potential Food Sa		No: X N/A ar:
		_							
						Yatee Patel - REHS			
Received By:						Agency Repre	esentative		
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