



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: AVENAL THEATER	BUSINESS PHONE: (559) 386-1500	RECORD ID#: PR0005414	DATE: May 15, 2015
FACILITY SITE ADDRESS: 233 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REEL TIME ENTERTAINMENT	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Vikram Singh

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

Description/Corrective Action: The popcorn popper machine has accumulated grease and food debris. Please clean this unit more frequently to avoid accumulation of grease and food debris.

General Comments:

The hand wash station had soap, paper towels, and warm water. The facility serves popcorn, nachos, pre-packaged candies, water and soda. Dead insects were observed in the kitchen area. The operator stated that the pest control provider services the facility twice every week. Please correct the above noted violations.

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:

Gregory Scott Verduzco

Vikram Singh

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: AVENAL THEATER	BUSINESS PHONE: (559) 386-1500	RECORD ID#: PR0005414	DATE: May 16, 2014
FACILITY SITE ADDRESS: 233 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REEL TIME ENTERTAINMENT	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding-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:

Facility has soda machine and serves popcorn, prepackaged candy, bottled water, nachos and coffee. Nacho cheese is prepackaged individual cups, a microwave oven is used to heat the cheese.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

Troy Hommerding-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AVENAL THEATER	BUSINESS PHONE: (559) 386-1500	RECORD ID#: PR0005414	DATE: July 05, 2012
FACILITY SITE ADDRESS: 233 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REEL TIME ENTERTAINMENT	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Lee Johnson - 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:

Concession stand serves sodas, water, popcorn, candy, and packaged nachos only. Facility was noted to be clean and well maintained. Front hand sink is fully stocked, but hot water there is somewhat inconsistent. Hot water was consistent at all other sinks checked.

Please modify closing clean up routine so that popcorn equipment is washed in the catering kitchen in the rear of the theater.

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:

Lee Johnson - REHS

Agency Representative

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