



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: PIZZA FACTORY | BUSINESS PHONE: (559) 992-3422 | RECORD ID#: PR0000655 | DATE: December 21, 2016 |
| FACILITY SITE ADDRESS: 1117 WHITLEY AVE | CITY: CORCORAN | ZIP CODE: 93212 | INSPECTION TYPE: 1ST FOLLOW UP INSPECTION |
| OWNER NAME: TROY VANVELSON | CERTIFIED FOOD MANAGER: Troy Van Velson | EXP DATE: 5/17/2021 | INSPECTOR: Abel Simon - 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:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection or re-inspection. The following was noted during today's inspection:

The hand wash sink has been repaired and no longer leaks. It was observed to be fully stocked with hot water, soap, and paper towels. Please make sure to continue to keep this station properly functioning.

There were no pizza boxes observed on the floor of the basement. All the pizza boxes were observed to be above the floor and stacked. Facility owner stated they were planning on getting another table to store the pizza boxes on them.

Thank you for repairing the notes issues in a timely manner.

| | |
|---|--|
| 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: |
|---|--|

Received By:

Abel Simon - REHS

Agency Representative

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



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

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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: Hand wash station was not functional. Hot water was available at the other fixtures. Until the hand wash station is fixed, the three compartment wash station shall be temporarily used as a hand wash station.

Violation: IMPROPER FOOD HANDLING PRACTICES [HSC 113961 - 113973]

Description/Corrective Action: In the basement, pizza boxes were observed to be stored at the floor. These boxes must be stored at least six inches above the floor to prevent contamination of boxes before the ready to eat pizzas are put in the boxes. Prep sink was being used to wash the utensils and the three compartment sink was utilized as a prep sink. Please train employees on proper procedures with both these stations.

General Comments:

Temperature of the cold walk-in refrigerator and three door refrigerator was observed under 41 F. Food items in the prep table were measured below 41 F. Restrooms were observed in good condition. Nozzles of the soda fountain were clean.

Please correct the above noted violations. A re inspection shall be conducted to confirm compliance with the above noted violations. Please note that the first re inspection is free of charge. If any further re inspections are needed, you shall be billed at \$225 for each inspection.

RESULTS OF EVALUATION: [] PASS [X] NEEDS IMPROVEMENT [] FAIL. Reinspection Required: Yes: [X] No: [] Reinspection Date (on or after): N/A [] Potential Food Safety All Star:

Handwritten signature in blue ink.

Received By:

Vikram Manke Agency Representative

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



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: PIZZA FACTORY | BUSINESS PHONE: (559) 992-3148 | RECORD ID#: PR0000655 | DATE: June 10, 2016 |
| FACILITY SITE ADDRESS: 1117 WHITLEY AVE | CITY: CORCORAN | ZIP CODE: 93212 | INSPECTION TYPE: 1ST FOLLOW UP INSPECTION |
| OWNER NAME: TROY VANVELSON | CERTIFIED FOOD MANAGER: Troy Van Velson | EXP DATE: 5/17/2021 | INSPECTOR: Abel Simon - 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:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection conducted on May 9, 2016. The following was noted during today's inspection:

The walk-in refrigeration unit was noted to be below 41°F. Please continue to make sure the temperature of this unit is kept at or below 41°F.

A food manager's certification was provided and kept on site.

Food handler's cards were available for the employees who were on site. Please be sure to keep a copy of food handler's cards on site for all employees.

Please make sure to wipe down the soda dispenser nozzles as this was noted in the last inspection.

Thank you for your cooperation in correcting the prior noted issues.

| | |
|---|---|
| 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: |

Received By:

Abel Simon - REHS

Agency Representative

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