



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

<b>FACILITY NAME:</b> STRATFORD ELEMENTARY	<b>BUSINESS PHONE:</b> (559) 947-3391	<b>RECORD ID#:</b> PR0000354	<b>DATE:</b> December 02, 2016
<b>FACILITY SITE ADDRESS:</b> 20227 1ST ST	<b>CITY:</b> STRATFORD	<b>ZIP CODE:</b> 93266	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CENTRAL UNION SCHOOL DIST	<b>CERTIFIED FOOD MANAGER:</b> Aime Flores	<b>EXP DATE:</b> 2/25/2017	<b>INSPECTOR:</b> Vikram Manke

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: The emergency release mechanism for opening the freezer door from inside was not functional. Please fix this issue immediately as this could potentially be a hazard.

General Comments:

- Hand wash station had soap and paper towels.
- Temperature of cold holding units were measured at appropriate temperatures per the state law.
- Employees were observed wearing gloves to handle food items.
- Sanitizer was measured at appropriate temperature per the state law.
- Mechanical ware washing equipment was leaking. Operator notified that the replacement part was just received and it shall be fixed soon.
- No evidence of vermin was observed in the cafeteria.
- This facility records temperature of food items. The records were checked during inspection.
- Please make sure that the ice scoop is kept at the right place in the ice machine.

Please fix the above noted violation.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after):           N/A          

Potential Food Safety All Star:

*Aime Flores*

*Vikram Manke*

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> STRATFORD ELEMENTARY	<b>BUSINESS PHONE:</b> (559) 947-3391	<b>RECORD ID#:</b> PR0000354	<b>DATE:</b> March 16, 2016
<b>FACILITY SITE ADDRESS:</b> 20227 1ST ST	<b>CITY:</b> STRATFORD	<b>ZIP CODE:</b> 93266	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CENTRAL UNION SCHOOL DIST	<b>CERTIFIED FOOD HANDLER:</b> Aime Flores	<b>EXP DATE:</b> 2/25/2017	<b>INSPECTOR:</b> 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: None Noted

General Comments:

Hand wash station had soap, paper towels, and warm water supply. Temperature of the walk-in refrigerator was measured below 41 F. Ambient temperature of hot holding unit was observed above 135 F. The concentration of dish sanitizing solution was measured above 100 ppm. The operators wore hairnets and used gloves to handle food items. This facility records temperature of food holding units and food items on a daily basis. The records were verified. Restrooms were observed in good condition.

Please thoroughly clean under the equipment to remove settled dust/food debris.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>      </u> N/A <input checked="" type="checkbox"/> Potential Food Safety All Star:

*Aime Flores*

*Vikram Singh*

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<b>FACILITY NAME:</b> STRATFORD ELEMENTARY	<b>BUSINESS PHONE:</b> (559) 947-3391	<b>RECORD ID#:</b> PR0000354	<b>DATE:</b> September 22, 2015
<b>FACILITY SITE ADDRESS:</b> 20227 1ST ST	<b>CITY:</b> STRATFORD	<b>ZIP CODE:</b> 93266	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CENTRAL UNION SCHOOL DIST	<b>CERTIFIED FOOD HANDLER:</b> Aime Flores	<b>EXP DATE:</b> 2/25/2017	<b>INSPECTOR:</b> 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: None Noted

General Comments:

Hand wash station had soap, paper towels, and warm water supply.  
The hot foods were measured at satisfactory temperatures per the state law.  
The cold foods and cold holding units were measured at satisfactory temperatures per the state law.  
Restrooms were observed in a good condition.  
The facility monitors and records food temperatures on a daily basis. The records were verified.  
Frequent hand washing was observed and the facility is well organized and maintained.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Vikram Singh

Received By:

Agency Representative

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