



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> BIG KAHUNA FROZEN YOGURT	<b>BUSINESS PHONE:</b> (559) 477-8643	<b>RECORD ID#:</b> PR0009762	<b>DATE:</b> September 09, 2016
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> OMAR ALGHAZALI	<b>CERTIFIED FOOD MANAGER:</b> DANIA GARCIA	<b>EXP DATE:</b> 3/21/2020	<b>INSPECTOR:</b> Susan Lee-Yang - 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 on August 26, 2016. The following were noted during today's inspection:

- Ambient temperature of walk-in refrigerator was noted at 41F.
- Ice build-up has been removed from the walk-in freezer. Employee stated the issue was resolved.
- Paper towel dispenser at hand wash station is stocked.

Thank you for your cooperation in resolving these issues.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By:

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

<b>FACILITY NAME:</b> BIG KAHUNA FROZEN YOGURT	<b>BUSINESS PHONE:</b> (559) 477-8643	<b>RECORD ID#:</b> PR0009762	<b>DATE:</b> August 26, 2016
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> OMAR ALGHAZALI	<b>CERTIFIED FOOD MANAGER:</b> DANIA GARCIA	<b>EXP DATE:</b> 3/21/2020	<b>INSPECTOR:</b> Susan Lee-Yang - 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:** Observed ice accumulated inside ground of walk-in freezer. Observed water puddle inside walk-in refrigerator. Remove ice/water and ensure there is no water leak occurring inside walk-in units.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Hand wash station did not have paper towels inside dispenser. Ensure dispenser is stocked at all times.

**Violation:** IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Ambient temperature of walk-in refrigerator was noted between 50F-54F. Call for service and ensure ambient temperature of unit is at least 41F or below.

**General Comments:**

Prep sink had soap and paper towels stocked inside dispensers.

Front cold holding unit was noted satisfactory.

A re-inspection will be performed at no charge to verify compliance with today's noted violations. Should additional re-inspections be required, the facility will be assessed \$225 per inspection.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** 9/9/2016

Potential Food Safety All Star:

Received By:

Susan Lee-Yang - 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

<b>FACILITY NAME:</b> BIG KAHUNA FROZEN YOGURT	<b>BUSINESS PHONE:</b> (559) 477-8643	<b>RECORD ID#:</b> PR0009762	<b>DATE:</b> October 30, 2015
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> OMAR ALGHAZALI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Yatee Patel - 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:

Cold holding units were satisfactory.

Only frozen yogurt and fresh fruit is sold here.

Sanitizer available.

Hand washing sink was fully equipped.

Thank you

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Megan Brown*

Received By:

*Yatee Patel - 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/health/ehs

**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> BIG KAHUNA FROZEN YOGURT	<b>BUSINESS PHONE:</b> (916) 834-2880	<b>RECORD ID#:</b> PR0009128	<b>DATE:</b> September 19, 2014
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> JOSE GARCIA	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Kimberly Schneider

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 re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection.

Walk in refrigerator was noted at 41°F. Thank you for addressing the violation.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:   
Reinspection Date (on or after)     N/A      
 Potential Food Safety All Star:

*Nashua Lopez*

Received By:

*Kimberly Schneider*

Agency Representative

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