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

FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
D & G FARMS	(559) 584-4510	PR0008394	November 08, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
9724 8 3/4 AVE	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
GEORGE BADASCI	Not Specified		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:

3 Compartment sink had hot running water.

Whole pomegranate are pressure washed and juiced in the machine.

Bleach solution was available for sanitizing the machine.

Season runs usually from Sep through Dec.

Bottles are labeled after filling up.

Please be sure that the next permit is updated with current operator.

Thank you

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

Reinspection Date (on or after): **N/A**

[ ] Potential Food Safety All Star:

Received By:

Yatee Patel - REHS
Agency Representative

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
D & G FARMS	(559) 584-4510	PR0008394	December 21, 2015
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
9724 8 3/4 AVE	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD HANDLER:**	**EXP DATE:**	**INSPECTOR:**
GEORGE BADASCI	Not Specified		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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please provide liquid hand soap for hand washing.

General Comments:

Restroom and hand wash station had hot water.

Paper towels were available.

Observed facility clean.

Facility's usual operation is during September-November.

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

Reinspection Date (on or after): **N/A**

[ ] 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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
D & G FARMS	(559) 584-4510	PR0008394	October 10, 2012
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
9724 8 3/4 AVE	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD HANDLER:**	**EXP DATE:**	**INSPECTOR:**
GEORGE BADASCI	Not Specified		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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Please provide managers certification within 90 days and have everyone who doesn't have manager certification take a food handler card within 30 days.

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

Description/Corrective Action: Observed no soap in restroom. Please ensure provide to promote proper hand washing.

General Comments:

Observed facility clean and in good condition.

Pomegranate juice is made on request by half gallons and gallons.

Warning labels are placed on containers.

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

Reinspection Date (on or after): **N/A**

[ ] Potential Food Safety All Star:

Received By:

Kimberly Schneider
Agency Representative

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