



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: HANFORD CIVIC CENTER	BUSINESS PHONE: (559) 585-2529	RECORD ID#: PR0000503	DATE: April 15, 2016
FACILITY SITE ADDRESS: 400 N DOUBY ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HANFORD REC. DEPT.	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Ochoa -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: The facility's mechanical dishwasher is currently utilizing quat sanitizer. Please make sure to switch to using chlorine, as chlorine is the only approved sanitizer for mechanical dishwashers. Mechanical dishwasher must measure at 50 ppm after the final rinse.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
The reach-in cold holding unit measured at 35F.
Ice machine was observed in satisfactory condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Veronica Ochoa -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

FACILITY NAME: Civic Auditorium	BUSINESS PHONE: (559) 924-6767	RECORD ID#: PR0008906	DATE: August 06, 2015
FACILITY SITE ADDRESS: 435 C ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CITY OF LEMOORE	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Ochoa -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:

Hand wash station was stocked with soap, paper towels, and hot water.
The reach-in refrigerator measured at 38F.

This facility serves as commissary to those who wish to utilize the kitchen.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Stan Pan

Received By:

Veronica Ochoa -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

FACILITY NAME: HANFORD CIVIC CENTER	BUSINESS PHONE: (559) 585-2529	RECORD ID#: PR0000503	DATE: April 17, 2015
FACILITY SITE ADDRESS: 400 N DOUITY ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HANFORD REC. DEPT.	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: ABEL SIMON

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 hot water, soap, and paper towel.

Sanitizer in bucket was noted at 100 PPM.

Food items to be served during this event include: corn, salad, bread rolls and roast beef which was noted to be at 135°F or above during the time of inspection.

Cold holding unit was noted to be at 41°F or below.

Restrooms were clean and in good condition.

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:

Received By:

ABEL SIMON

Agency Representative

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