



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: KINGS COUNTY BOWL/BAR	BUSINESS PHONE: (559) 582-1036	RECORD ID#: PR0000136	DATE: January 11, 2017
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM ROSS	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky - 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:

The facility was observed clean and well maintained.

Hand washing station had soap and paper napkins and clean hand towels.

The refrigeration units were below 41F.

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:

Tom Ross

Received By:

Liliana Stransky - 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: KINGS COUNTY BOWL/BAR	BUSINESS PHONE: (559) 582-1036	RECORD ID#: PR0000136	DATE: July 28, 2016
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM ROSS	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed mildew accumulation on interior flap of ice machine. Ensure thorough and regular cleaning occurs to prevent accumulation.

General Comments:

Reach-in refrigerator was noted at 38F.

Chlorine sanitizer for dishwasher was noted at 50 ppm.

Restroom has hot water, soap and paper towels.

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:

Tom Ross

Received By:

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KINGS COUNTY BOWL/BAR	BUSINESS PHONE: (559) 582-1036	RECORD ID#: PR0000136	DATE: July 29, 2015
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM ROSS	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:

The hand wash sink had soap and paper towels.
 Bar is well maintained and organized.
 Thank you.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Tom Ross

Received By: _____

ABEL SIMON

Agency Representative _____

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