



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: LAURA ROSE CATERING	BUSINESS PHONE: (559) 582-0617	RECORD ID#: PR0000543	DATE: December 10, 2015
FACILITY SITE ADDRESS: 5408 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LAURA ROSE	CERTIFIED FOOD HANDLER: 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: None Noted

General Comments:

Hand wash station has hot water, soap and paper towels.

Reach-in refrigerator was noted at 41F.

Operator is no longer operating her catering business and is only baking and selling sweet bread.

As a reminder, contact Dellavalle Laboratory at 559-233-6129 and ensure the nitrate water sample is collected before the end of December.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Laura Rose

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: LACEY CHEVRON	BUSINESS PHONE: (559) 583-6043	RECORD ID#: PR0000320	DATE: December 10, 2015
FACILITY SITE ADDRESS: 1702 W LACEY	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: ROBERT V JENSEN INC	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Luis Flores - 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 walk-in box cooler refrigerated temperature monitored was monitored at 45 F. However, no potentially hazardous foods (i.e. dairy or luncheon products) were stored in the unit. Of note, no hot foods are maintained.

The facility was observed overall in good operational status.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after) N/A

Potential Food Safety All Star:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LAURA ROSE CATERING	BUSINESS PHONE: (559) 582-0617	RECORD ID#: PR0000543	DATE: July 22, 2014
FACILITY SITE ADDRESS: 5408 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LAURA ROSE	CERTIFIED FOOD HANDLER: 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 kitchen was observed clean and the hand sink had soap and paper towels and hot water was also available. At this time the kitchen is not in use but Laura wants to keep an active FVP through next year and decide then if she wants to stop catering. This is a Food Code water system that monitors quarterly for bacteria and annual nitrites. Water is not served to customers.

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:

Liliana Stransky - REHS

Agency Representative

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