



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: ME-N-ED'S PIZZA PARLOR	BUSINESS PHONE: (559) 582-6205	RECORD ID#: PR0003731	DATE: September 06, 2016
FACILITY SITE ADDRESS: 2483 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD MANAGER: LYNDA M. MENDEZ	EXP DATE: 11/19/2018	INSPECTOR: 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: IMPROPER FOOD HANDLING PRACTICES [HSC 113961 - 113973]

Description/Corrective Action: Employee either needs to have short clean nails while prepping foods or wear gloves.

General Comments:

Hand washing station was stocked.

PCS comes in regularly.

Sanitizer is used for 3 comp sink.

3 comp sink is not indirectly drained. Please see if plumbing can be changed to avoid cross connection.

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:

Elizabeth Seaver

Received By:

Yatee Patel - REHS

Agency Representative

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



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Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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 soda nozzle with mildew accumulation. Observed trash and food debris underneath soda machine. Ensure thorough and regular cleaning occurs to prevent accumulation. QAC sanitizer in 3-compartment sink was noted at 0 ppm. Sanitizer was empty. Replace sanitizer and test strips to monitor sanitizer solution. Ensure sanitizer solution is at least 200 ppm.

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

Description/Corrective Action: It was noted that the salad bar unit was not turned and therefore, food products (potato salad, macaroni salad) were noted at 60F. Per employee, cut tomatoes were placed on salad bar approximately 30 minutes prior to inspection. As a precaution, facility voluntarily discarded the potato salad, macaroni salad and salad dressings. Employee turned on the salad bar unit. Monitor unit and ensure potentially hazardous food products are at least 45F or below.

General Comments:

Hand wash station and restrooms have hot water, soap and paper towels.

Other than noted, cold holding units were noted satisfactory.

Please correct today's noted violations to prevent further enforcement.

RESULTS OF EVALUATION: [] PASS [X] NEEDS IMPROVEMENT [] FAIL. Reinspection Required: Yes: [] No: [X]. Reinspection Date (on or after): N/A. [] Potential Food Safety All Star:

Handwritten signature in blue ink.

Received By:

Susan Lee-Yang - REHS

Agency Representative

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



FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ME-N-ED'S PIZZA PARLOR	BUSINESS PHONE: (559) 582-6205	RECORD ID#: PR0003731	DATE: August 31, 2015
FACILITY SITE ADDRESS: 2483 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD HANDLER: LYNDA M. MENDEZ	EXP DATE: 11/19/2018	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed scissors and sponges in the hand wash sink. Please make sure to keep the hand wash free of clutter.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed the soda nozzles to have grime buildup in them. Please make sure to routinely clean the dispensers.

General Comments:

All cold holding units were noted at or below 41°F.

General dry holding food area was noted to be organized and above the floor six inches.

Restrooms were observed to be fully stocked.

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:

Lynda Mendez

Received By: _____

ABEL SIMON

Agency Representative _____

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