



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

<b>FACILITY NAME:</b> METRO 4 CINEMAS	<b>BUSINESS PHONE:</b> (559) 908-6363	<b>RECORD ID#:</b> PR0000225	<b>DATE:</b> September 20, 2016
<b>FACILITY SITE ADDRESS:</b> 123 E SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROBERT MOCHIZUKI	<b>CERTIFIED FOOD MANAGER:</b> Mai Z Xiong	<b>EXP DATE:</b> 9/27/2018	<b>INSPECTOR:</b> 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 and restroom has hot water, soap and paper towels.

Cold holding units were noted satisfactory.

Observed facility maintained.

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: \_\_\_\_\_

*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

<b>FACILITY NAME:</b> METRO 4 CINEMAS	<b>BUSINESS PHONE:</b> (559) 908-6363	<b>RECORD ID#:</b> PR0000225	<b>DATE:</b> September 28, 2015
<b>FACILITY SITE ADDRESS:</b> 121 E SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROBERT MOCHIZUKI	<b>CERTIFIED FOOD HANDLER:</b> Mai Z Xiong	<b>EXP DATE:</b> 9/27/2018	<b>INSPECTOR:</b> 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:

Restroom and hand wash station has hot water, soap and paper towels.

Hotdog was noted at 167F.

Observed facility clean and well maintained.

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:

Susan Lee-Yang - REHS

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> METRO 4 CINEMAS	<b>BUSINESS PHONE:</b> (559) 908-6363	<b>RECORD ID#:</b> PR0000225	<b>DATE:</b> September 05, 2014
<b>FACILITY SITE ADDRESS:</b> 121 E SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROBERT MOCHIZUKI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Government Intern

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:**

Restrooms were fully stocked with paper towels, soap, and hot water.

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

Facility was well maintained and overall in excellent conditions.

Thank you.

This facility was inspected by government intern Abel Simon.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:
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*Government Intern*

Received By: \_\_\_\_\_

Agency Representative \_\_\_\_\_

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