



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> MICHOCAN ICE CREAM	<b>BUSINESS PHONE:</b> (559) 586-0132	<b>RECORD ID#:</b> PR0009890	<b>DATE:</b> June 15, 2016
<b>FACILITY SITE ADDRESS:</b> 1285 N 10TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MICHOCAN ICE CREAM	<b>CERTIFIED FOOD MANAGER:</b> Alfonso Fernandez	<b>EXP DATE:</b> 10/17/2018	<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 has hot water, soap and paper towels.

Cold holding units were noted at or below 41F.

Observed all food products stored off the ground.

Facility is clean and organized.

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> MICHOCAN ICE CREAM	<b>BUSINESS PHONE:</b> (559) 587-0132	<b>RECORD ID#:</b> PR0006864	<b>DATE:</b> September 23, 2015
<b>FACILITY SITE ADDRESS:</b> 1285 N 10TH #B AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> ALFONSO FERNANDEZ	<b>CERTIFIED FOOD HANDLER:</b> Alfonso Hernandez	<b>EXP DATE:</b> 10/17/2018	<b>INSPECTOR:</b> 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:

The hand wash station and restroom were stocked with soap, paper towels, and hot water.  
Cold holding units measured at or below 41F.  
The three compartment sink was equipped with hot water and sanitizer.  
The facility was observed nicely organized and clean.

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

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> MICHOCAN ICE CREAM PARLOR	<b>BUSINESS PHONE:</b> (559) 587-0132	<b>RECORD ID#:</b> PR0006864	<b>DATE:</b> August 28, 2014
<b>FACILITY SITE ADDRESS:</b> 1285 N 10TH #B AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARIA BARRAGAN CHAVEZ	<b>CERTIFIED FOOD HANDLER:</b> Alfonso Hernandez	<b>EXP DATE:</b> 9/13/2013	<b>INSPECTOR:</b> 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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Please install a point of use water heater underneath the bathroom sink to have hot water available for hand washing.

General Comments:

Observed cold storage unit at 27° F. Ice cream cold cases observed satisfactory. The hand washing station was stocked with soap and paper towels. Overall the facility was observed clean and well maintained.

Two ice cream carts were also inspected and given stickers to operate.

Thank you!

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:

Liliana Stransky - REHS

Received By:

Agency Representative

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