



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: SQUARE 8'S HALL	BUSINESS PHONE: (559) 583-1821	RECORD ID#: PR0000188	DATE: January 26, 2017
FACILITY SITE ADDRESS: 11155 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SQUARE 8'S HALL	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	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: None Noted

General Comments:

Currently kitchen is only used for private parties.

Cold holding units held a temperature of 39F.

Ice machine was observed clean.

Hot water, soap and paper towel is available.

Bleach is available for sanitizing.

When new owner takes over, please pass the message to fill out new food permit application. Permits are non-transferable.

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:

Yatee Patel - 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: SQUARE 8'S HALL	BUSINESS PHONE: (559) 583-1821	RECORD ID#: PR0000188	DATE: December 02, 2015
FACILITY SITE ADDRESS: 11155 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SQUARE 8'S HALL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: None Noted

General Comments:

keep up on regular cleaning to avoid vermin infestation.

Hot water available near the kitchen restroom.

Hot water available at the 3 compartment sink.

Cold holding unit was at 38F.

Keep up on cleaning ice machine regularly.

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:

Yatee Patel - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SQUARE 8'S HALL	BUSINESS PHONE: (559) 583-1821	RECORD ID#: PR0000188	DATE: January 07, 2014
FACILITY SITE ADDRESS: 11555 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SQUARE 8'S HALL	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 had hot water, soap, and paper towels.

All cold holding units were noted below 41° F.

Facility is 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:

George R. Silva

Received By:

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SQUARE 8'S HALL	BUSINESS PHONE: (559) 583-1821	RECORD ID#: PR0000188	DATE: January 09, 2013
FACILITY SITE ADDRESS: 11555 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SQUARE 8'S HALL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Kimberly Schneider

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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed 3 compartment sink facet leaking. Please fix to prevent cross-contamination.

General Comments:

All hand sinks fully stocked with soap, paper towels and hot running water.

Cold holding noted at 41F and below.

Overall facility was clean and in good operating condition.

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

Kimberly Schneider

Agency Representative

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