



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: ST ROSE-MC CARTHY SCHOOL	BUSINESS PHONE: (559) 584-5218	RECORD ID#: PR0000108	DATE: November 18, 2015
FACILITY SITE ADDRESS: 1000 N HARRIS ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ST ROSE MC CARTHY SCHOOL	CERTIFIED FOOD HANDLER: MARIA G MURGUIA	EXP DATE: 3/19/2019	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:

Kitchen is not in use. Students all bring home lunch.

Hot water and hand washing station available for occasional use.

Cold holding unit was at 41F.

Over all facility was in good condition.

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



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/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ST ROSE-MC CARTHY SCHOOL	BUSINESS PHONE: (559) 584-5218	RECORD ID#: PR0000108	DATE: December 03, 2014
FACILITY SITE ADDRESS: 1000 N HARRIS ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ST ROSE MC CARTHY SCHOOL	CERTIFIED FOOD HANDLER: MARIA G MURGUIA	EXP DATE: 3/19/2019	INSPECTOR: 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:

Today's menu: Chicken sandwich (165°F), tator tots, salad bar and milk.

Refrigerator temperature noted 41°F.

Hand wash station fully stocked with soap, hot water, and paper towels.

Observed food operators wearing gloves and hair nets.

Thank you.

This facility was inspected by government intern Abel Simon.

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:

Government Intern

Agency Representative

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



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/health/ehs

FOOD SAFETY EVALUATION REPORT

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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed food debris accumulation on can opener and inside reach-in units. Dust debris was also noted on hood baffles. Ensure thorough and regular cleaning occurs to prevent accumulation.

General Comments:

- Today's menu included: french toast, sausage, hashbrown, and milk. Sausage was noted at 136° F. Hand wash station had hot water, soap, and paper towels. All cold holding units were noted below 41° F. Ensure food temperatures are documented daily.

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.

Handwritten signature: mc - Ape MD

Received By:

Susan Lee-Yang - REHS

Agency Representative

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