



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: CHUBBY'S DINER	BUSINESS PHONE: (559) 362-5858	RECORD ID#: PR0006740	DATE: January 10, 2017
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 170	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DENNY YUEN	CERTIFIED FOOD MANAGER: DENNY YUEN	EXP DATE: 4/20/2021	INSPECTOR: Abel Simon - 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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed a container with cooked potatoes not being covered inside the reach in cold holding unit located to the left of the grill. Additionally, there were raw shelled eggs being stored over the cooked potatoes. Please note to store ready to eat foods above raw non cooked foods. This was reorganized during the inspection. There was liquid observed inside the reach in unit. Please make sure to clean this and repair this unit if needed.

General Comments:

- The hand wash station was observed to be fully stocked.
- All cold holding units including the walk-in refrigerator and cold holding units were observed to be at or below 41°F.
- All items in the walk-in and dry storage area were observed to be above the floor six inches.
- The mechanical warewashing machine was noted to be at 50 PPM Chlorine.
- The 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> </u> N/A <input type="checkbox"/> Potential Food Safety All Star:

Elisabetta Verbes

Received By:

Abel Simon - 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: CHUBBY'S DINER	BUSINESS PHONE: (559) 362-5858	RECORD ID#: PR0006740	DATE: July 07, 2016
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 170	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DENNY YUEN	CERTIFIED FOOD MANAGER: DENNY YUEN	EXP DATE: 4/13/2016	INSPECTOR: Abel Simon - 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed two knives stored on a rack on the wall closest to the hand wash station to have food debris on them. Kitchen cook stated these knives were no longer used. Let cook know that if they were not going to be used, to set them aside and store them else where. If these items were going to be used, please make sure to thoroughly clean.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed three containers being sorted in the hand wash sink. Please note that this area should be kept free of unnecessary items. Discontinue this practice.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: There is no current food manager's certification on site. Food manager stated that the person on staff will send a copy to our office. Please make sure to send it with in 30 days.

General Comments:

The hand wash station was fully stocked.

The cold holding units including the walk-in refrigerator were all noted at being at or below 41°F.

The dish washer sanitizer was noted at being 100 PPM Chlorine. The bucket of sanitizer was observed to be low, please make sure to contact designated service and restock as needed.

All items in the walk-in refrigerator and dry storage were observed to be above the floor six inches.

Please correct the above noted violations before the next routine inspection.

Thank you.

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One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Diana Ying

Received By:

Abel Simon - REHS

Agency Representative

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