



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> ROCKY'S DONUT HOUSE	<b>BUSINESS PHONE:</b> (559) 924-7141	<b>RECORD ID#:</b> PR0000418	<b>DATE:</b> December 07, 2016
<b>FACILITY SITE ADDRESS:</b> 254 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HUOR HENG	<b>CERTIFIED FOOD MANAGER:</b> HUOR HENG	<b>EXP DATE:</b> 1/2/2019	<b>INSPECTOR:</b> 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: None Noted

General Comments:

Hand wash station was observed to be fully stocked.

All cold holding units were measured to be at or below 41°F.

All dry food storage was observed to be above the floor six inches.

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

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:

*Pheaktra Max.*

Received By:

*Abel Simon - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> ROCKY'S DONUT HOUSE	<b>BUSINESS PHONE:</b> (559) 924-7141	<b>RECORD ID#:</b> PR0000418	<b>DATE:</b> June 06, 2016
<b>FACILITY SITE ADDRESS:</b> 254 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HUOR HENG	<b>CERTIFIED FOOD MANAGER:</b> HUOR HENG	<b>EXP DATE:</b> 1/2/2019	<b>INSPECTOR:</b> 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: The splash guard area of the three compartment sink was observed to have black grime build up. Please clean this area and continue to clean this on a routinely basis to avoid build up.

General Comments:

- Observed the hand wash station to be fully stocked with hot water, soap, and paper towels.
- The restrooms were observed to be fully stocked.
- The two cold holding units were observed to be holding temperatures below 41°F.
- All dry storage foods were observed to be above the floor six inches.
- 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:

*Phetrakha Mao*

Received By:

*Abel Simon - REHS*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> ROCKY'S DONUT HOUSE	<b>BUSINESS PHONE:</b> (559) 924-7141	<b>RECORD ID#:</b> PR0000418	<b>DATE:</b> December 04, 2015
<b>FACILITY SITE ADDRESS:</b> 254 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HUOR HENG	<b>CERTIFIED FOOD HANDLER:</b> HUOR HENG	<b>EXP DATE:</b> 1/2/2019	<b>INSPECTOR:</b> ABEL SIMON

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:

All cold holding items noted to be below 41°F.

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

All dry storage noted to be stored above the floor six inches.

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:

*Pheaktre Mao.*

Received By:

*ABEL SIMON*

Agency Representative

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