



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

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, 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 LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

Description/Corrective Action: Food labels were not present on the prepackaged pumpkin pie and pecan pie that were on display shelf for sale. The operator were asked to remove the prepackaged items. These items

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Heave grease was settled on the floor underneath the cooking equipment. Please remove the equipment and do thorough cleaning of the floor.

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

Description/Corrective Action: The emergency door release mechanism of the walk-in refrigerator was broken. Door handles of the freezer in freezer/refrigerator room were broken. Excessive space was present underneath the back door that leads to the exterior.

Please fix the above issues.

General Comments:

Both the hand wash stations had soap, paper towels, and warm water. Walk-in refrigerator and other cold holding units were measured under 41 F. Food items in the hot holding units were measured above 135 F. Nozzles of the soda machine were clean.

Please fix the above noted violations.

RESULTS OF EVALUATION: [] PASS [X] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Handwritten signature in blue ink.

Received By:

Vikram Manke

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

| | | | |
|---|---|---------------------------------|---|
| FACILITY NAME: HATCH FOOD & VENDING | BUSINESS PHONE: (559) 992-3365 | RECORD ID#: PR0009041 | DATE: September 19, 2014 |
| FACILITY SITE ADDRESS: 900 QUEBEC | CITY: CORCORAN | ZIP CODE: 93212 | INSPECTION TYPE: 1ST FOLLOW UP INSPECTION |
| OWNER NAME: MICHAEL HATCH | CERTIFIED FOOD HANDLER: Not Specified | EXP DATE: | INSPECTOR: Government Intern |

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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Violation: IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

Description/Corrective Action: Cookies and muffins should be properly labeled either separately or as a whole. Please make sure to add labels to items in bags.

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

Description/Corrective Action: Walk in freezer had accumulation of ice under vents and on top shelf, as well as on the floor. Please monitor the ice as this could present a slip/trip fall hazard.

Please make sure to keep rinse nozzle head clean in dish washing station.

Please make sure to keep dry storage room floors clear of excess debris and water bottles.

Grease bin was still stored by the wash out drain, please move the grease bin. (second notice)

General Comments:

Cold holding temperatures noted at 41°F or below.

Hot holding temperatures noted at 135°F or above.

Three bimetallic stem probe thermometers were calibrated today.

One person was missing their food handlers card because they were new.

Restrooms were stocked with paper towels, soap, and hot water.

Sanitizer noted at 200 ppm QAT.

This facility was inspected by government intern Abel Simon.

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| | |
|---|--|
| 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: |
|---|--|

Received By: _____

Government Intern

Agency Representative _____

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