



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

|   |  |                                 |   |
|---|--|---------------------------------|---|
| <b>FACILITY NAME:</b><br>CORCORAN COUNTRY INN     | <b>BUSINESS PHONE:</b><br>(559) 992-2050     | <b>RECORD ID#:</b><br>PR0006550 | <b>DATE:</b><br>August 03, 2010               |
| <b>FACILITY SITE ADDRESS:</b><br>2111 WHITLEY AVE | <b>CITY:</b><br>CORCORAN                     | <b>ZIP CODE:</b><br>93212       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>ANDY PATEL                  | <b>CERTIFIED FOOD HANDLER:</b><br>ANDY PATEL | <b>EXP DATE:</b><br>4/6/2008    | <b>INSPECTOR:</b><br>Lee Johnson - 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 MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Please provide paper towels at the restroom sink.

**General Comments:**

Food is prepackaged, prepared to order and served on disposable plates/utensils. Facility is clean, refrigerator temperature was 41F. Thank you.

|   |   |
|---|---|
| <b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL | <b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/><br><b>Reinspection Date (on or after):</b> <u>          N/A          </u><br><input type="checkbox"/> Potential Food Safety All Star: |
|---|---|

Received By: \_\_\_\_\_

\_\_\_\_\_  
*Lee Johnson - 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

|   |  |                                 |   |
|---|--|---------------------------------|---|
| <b>FACILITY NAME:</b><br>CORCORAN COUNTRY INN     | <b>BUSINESS PHONE:</b><br>(559) 992-2050     | <b>RECORD ID#:</b><br>PR0006550 | <b>DATE:</b><br>August 03, 2010               |
| <b>FACILITY SITE ADDRESS:</b><br>2111 WHITLEY AVE | <b>CITY:</b><br>CORCORAN                     | <b>ZIP CODE:</b><br>93212       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>ANDY PATEL                  | <b>CERTIFIED FOOD HANDLER:</b><br>ANDY PATEL | <b>EXP DATE:</b><br>4/6/2008    | <b>INSPECTOR:</b><br>Lee Johnson - 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 MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Please provide paper towels at the restroom sink.

**General Comments:**

Food is prepackaged, prepared to order and served on disposable plates/utensils. Facility is clean, refrigerator temperature was 41F. 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:

Lee Johnson - 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

|   |  |                                 |   |
|---|--|---------------------------------|---|
| <b>FACILITY NAME:</b><br>CORCORAN COUNTRY INN     | <b>BUSINESS PHONE:</b><br>(559) 992-2050     | <b>RECORD ID#:</b><br>PR0006550 | <b>DATE:</b><br>June 10, 2010                 |
| <b>FACILITY SITE ADDRESS:</b><br>2111 WHITLEY AVE | <b>CITY:</b><br>CORCORAN                     | <b>ZIP CODE:</b><br>93212       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>ANDY PATEL                  | <b>CERTIFIED FOOD HANDLER:</b><br>ANDY PATEL | <b>EXP DATE:</b><br>4/6/2008    | <b>INSPECTOR:</b><br>Troy Hommerding-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:

Refrigeration temperature was measured at 41°F.  
Employee handwash sink was noted fully stocked today.  
All food served is prepackaged/precooked; except waffles. Waffles are cooked on site using a pre-made waffle mix.

|   |  |
|---|--|
| <b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL | <b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>                                |
|   | <b>Reinspection Date (on or after):</b> <u>          N/A          </u><br><input type="checkbox"/> Potential Food Safety All Star: |

Troy Hommerding-REHS

Received By: \_\_\_\_\_

Agency Representative

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