



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> KINGS DRIVE-IN	<b>BUSINESS PHONE:</b> (559) 992-4044	<b>RECORD ID#:</b> PR0004992	<b>DATE:</b> December 19, 2011
<b>FACILITY SITE ADDRESS:</b> 1008 BROKAW AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SALEH N OBEID/QAYED S HASSAN	<b>CERTIFIED FOOD HANDLER:</b> ADEEB OBEID	<b>EXP DATE:</b> 7/1/2015	<b>INSPECTOR:</b> 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:

Restroom was noted fully stocked and in satisfactory condition.

All cold holding temperatures were measured at or below 41 degrees F.

Final Cooking temperature of a hamburger patty was measured above 180 degrees F.

Kitchen area is well organized today.

Dumpster area is in satisfactory condition.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

E-Mailed to owner

Troy Hommerding-REHS

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

Agency Representative

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



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<b>FACILITY NAME:</b> KINGS DRIVE-IN	<b>BUSINESS PHONE:</b> (559) 992-4044	<b>RECORD ID#:</b> PR0004992	<b>DATE:</b> June 27, 2011
<b>FACILITY SITE ADDRESS:</b> 1008 BROKAW AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SALEH N OBEID/QAYED S HASSAN	<b>CERTIFIED FOOD HANDLER:</b> ADEEB OBEID	<b>EXP DATE:</b> 7/1/2015	<b>INSPECTOR:</b> 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: None Noted

General Comments:

All temperatures checked today were satisfactory. Hand wash sinks are fully stocked. The facility is generally clean and well maintained. Temperatures are checked daily. Recommend documenting actual temperatures rather than just check marks.

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"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input checked="" type="checkbox"/> Potential Food Safety All Star:

Lee Johnson - REHS

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

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<b>FACILITY NAME:</b> KINGS DRIVE-IN	<b>BUSINESS PHONE:</b> (559) 992-4044	<b>RECORD ID#:</b> PR0004992	<b>DATE:</b> September 03, 2010
<b>FACILITY SITE ADDRESS:</b> 1008 BROKAW AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SALEH N OBEID/QAYED S HASSAN	<b>CERTIFIED FOOD HANDLER:</b> SALEH N. OBEID	<b>EXP DATE:</b> 3/7/2011	<b>INSPECTOR:</b> 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: None Noted

General Comments:

All cooking, hot holding, and cold holding temperatures checked today were satisfactory. All hand wash stations were fully stocked. The facility is clean and well organized. Please continue to log food temperatures on a regular basis using your probe thermometer.

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"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input checked="" type="checkbox"/> Potential Food Safety All Star:

*Handwritten signature*

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

Lee Johnson - REHS

Agency Representative

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