



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

FACILITY NAME: MCDONALDS	BUSINESS PHONE: (559) 992-5833	RECORD ID#: PR0003674	DATE: February 03, 2010
FACILITY SITE ADDRESS: 2003 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FRANK GIANNOLA/GIANNOLA'S INC	CERTIFIED FOOD HANDLER: PATRICIA DUTRA	EXP DATE: 7/20/2011	INSPECTOR: 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: No paper towels were available at the facility's primary hand wash sink. Napkins were available in place of paper towels. Please keep paper towels at all sinks at all times.

General Comments:

All hot, cold, and cooking temperatures checked today were satisfactory. Except as noted all hand wash sinks were fully stocked. Sanitizer levels were appropriate. The facility documents food safety information including temperatures at least once daily by policy, but no data was available for January 30 or 31, 2010. Please insure that all corporate policies are followed as required.

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:

Lee Johnson - REHS

Received By: _____

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

FACILITY NAME: MCDONALDS	BUSINESS PHONE: (559) 992-5833	RECORD ID#: PR0003674	DATE: August 14, 2009
FACILITY SITE ADDRESS: 2003 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FRANK GIANNOLA/GIANNOLA'S INC	CERTIFIED FOOD HANDLER: PATRICIA DUTRA	EXP DATE: 7/20/2011	INSPECTOR: 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 EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Several flies were noted in the dining room, even though the facility has several UV fly traps. Please contact a pest control service for additional assistance in fly management.

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

Description/Corrective Action: Please clean flooring beneath the black soda syrup rack to remove accumulated debris.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The Beverage Air refrigerator near the grill measured 47 and the Beverage Air unit in the drive thru measured 50F. Please adjust both to maintain 41F or less at all times.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Please install light bulb covers to exposed bulbs in the walk in refrigerator and freezer.

General Comments:

All hot holding and cooking temps checked today were satisfactory. 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): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Destiny Livch

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

FACILITY NAME: MCDONALDS	BUSINESS PHONE: (559) 992-5833	RECORD ID#: PR0003674	DATE: January 29, 2009
FACILITY SITE ADDRESS: 2003 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FRANK GIANNOLA/GIANNOLA'S INC	CERTIFIED FOOD HANDLER: PATRICIA DUTRA	EXP DATE: 7/20/2011	INSPECTOR: 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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: Please clean accumulated debris from below the soda syrup rack.

General Comments:

All cooking, hot holding, and cold holding temperatures checked today were satisfactory. Facility is generally clean and well-maintained. QA information is documented 3 times daily. 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> N/A </u> <input checked="" type="checkbox"/> Potential Food Safety All Star:

Patricia Dutra

Lee Johnson - REHS

Received By: _____

Agency Representative

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