



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> PIRATE PIZZA	<b>BUSINESS PHONE:</b> (559) 992-5116	<b>RECORD ID#:</b> PR0000646	<b>DATE:</b> July 21, 2011
<b>FACILITY SITE ADDRESS:</b> 917 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PAUL A. SMART	<b>CERTIFIED FOOD HANDLER:</b> Paul A. Smart	<b>EXP DATE:</b> 2/20/2013	<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:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Please clean the large can opener blade, some debris was noted on and around the can opener blade.

**General Comments:**

Facility does have tip sensitive digital thermometer.  
Restrooms are stocked today  
Cold holdig temperatures were all measured at or below 41°F.  
Handwash station was noted stocked today.

<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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

Troy Hommerding-REHS

Agency Representative

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



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<b>FACILITY NAME:</b> PIRATE PIZZA	<b>BUSINESS PHONE:</b> (559) 992-5116	<b>RECORD ID#:</b> PR0000646	<b>DATE:</b> January 19, 2011
<b>FACILITY SITE ADDRESS:</b> 917 WHITLEY	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PAUL A. SMART	<b>CERTIFIED FOOD HANDLER:</b> Paul A. Smart	<b>EXP DATE:</b> 2/20/2013	<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 hot and cold holding temperatures checked today were satisfactory. Hand wash stations were fully stocked. Please re-label sanitizer dispenser at 3 compartment sink to reflect use for hand soap. The facility is generally clean and well maintained.

If you begin regular documentation of food temperatures you may be eligible for a Food Safety Award in the future (log sheet provided).

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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: \_\_\_\_\_

Lee Johnson - REHS

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> PIRATE PIZZA	<b>BUSINESS PHONE:</b> (992) 992-5116	<b>RECORD ID#:</b> PR0000646	<b>DATE:</b> May 19, 2010
<b>FACILITY SITE ADDRESS:</b> 917 WHITLEY	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PHILLIP & MARLEEN SMART	<b>CERTIFIED FOOD HANDLER:</b> Paul A. Smart	<b>EXP DATE:</b> 2/20/2013	<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: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

Description/Corrective Action: Please replace the recently broken probe thermometer with a new one (digital).

General Comments:

All cold temperatures checked today were satisfactory. No hot holding was occurring during today's inspection.

All handwash stations were fully stocked. The facility is generally clean and well maintained.

Note: Staff from this facility recently attended an in house food safety training class provided by our office.

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> N/A <input checked="" type="checkbox"/> Potential Food Safety All Star:

*Jules Espada*

Received By:

Lee Johnson - REHS

Agency Representative

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