



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> CORCORAN NUTRITION CENTER	<b>BUSINESS PHONE:</b> (559) 992-4419	<b>RECORD ID#:</b> PR0003563	<b>DATE:</b> December 07, 2011
<b>FACILITY SITE ADDRESS:</b> 800 DAIRY	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS COUNTY COMMISSION ON AGING	<b>CERTIFIED FOOD HANDLER:</b> LILY OROSCO	<b>EXP DATE:</b> 4/26/2012	<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:

Food is prepared at Hanford Community Hospital and transported hot/cold from Tuesday through Friday. Temperatures are logged on arrival. All temperatures checked today were satisfactory (>135F or <41F). The facility is clean and well maintained. Hand sinks were fully stocked.

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 type="checkbox"/> Potential Food Safety All Star:

*Cristina Ariza*

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

*Lee Johnson - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> CORCORAN NUTRITION CENTER	<b>BUSINESS PHONE:</b> (559) 992-4419	<b>RECORD ID#:</b> PR0003563	<b>DATE:</b> March 31, 2011
<b>FACILITY SITE ADDRESS:</b> 800 DAIRY	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS COUNTY COMMISSION ON AGING	<b>CERTIFIED FOOD HANDLER:</b> LILY OROSCO	<b>EXP DATE:</b> 4/26/2012	<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:

Food is prepared at Hanford Community Hospital and delivered daily for hot/cold holding until service. All hot and cold temperatures checked today were satisfactory. Hand wash stations were fully stocked and the facility appeared clean and well maintained. Daily food safety logs are maintained on site.

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:

*Lily Orosco*

*Lee Johnson - REHS*

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> SENIOR NUTRITION CENTER	<b>BUSINESS PHONE:</b> (559) 992-4419	<b>RECORD ID#:</b> PR0003563	<b>DATE:</b> May 18, 2010
<b>FACILITY SITE ADDRESS:</b> 800 DAIRY	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROSALIE DELAROSA	<b>CERTIFIED FOOD HANDLER:</b> Lily Orosco	<b>EXP DATE:</b> 4/26/2012	<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 temperatures were satisfactory today. All temperatures are logged by staff daily. All hand wash stations are fully stocked. The facility is clean and well maintained.

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 type="checkbox"/> Potential Food Safety All Star:

*Lily Orosco*

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

*Lee Johnson - REHS*  
\_\_\_\_\_  
Agency Representative

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