



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: SUPER DRIVE IN	BUSINESS PHONE: (559) 992-4107	RECORD ID#: PR0000249	DATE: March 08, 2010
FACILITY SITE ADDRESS: 1300 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: HAMDI HAMVON/FAHD ALARBI	CERTIFIED FOOD HANDLER: FAHD ALARBI	EXP DATE: 4/24/2013	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: None Noted

General Comments:

All violations from the previous inspection have been corrected. 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:

Hamdi Hamvon

Received By:

Lee Johnson - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SUPER DRIVE IN	BUSINESS PHONE: (559) 992-4107	RECORD ID#: PR0000249	DATE: December 01, 2009
FACILITY SITE ADDRESS: 1300 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HAMDI HAMVON/FAHD ALARBI	CERTIFIED FOOD HANDLER: FAHD ALARBI	EXP DATE: 4/24/2013	INSPECTOR: 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: One of the floor sinks is not properly capped-off. Currently the operator stated the floor sink is non-operable and is capped with a bag stuffed in the drain hole. Please cap this floor sink off properly.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

- Description/Corrective Action:**
1. Employee restroom, the hot water faucet does not function properly, please repair. This unit does have available hot water, the hot water knob does not turn on properly.
 2. Men's restroom paper towels must be provided. The wall mounted dispenser was empty.
 3. Men's restroom, the electrical light switch cover was observed missing. Please replace the light switch cover, this was also noted on the previous inspection report.
 4. Women's restroom, again paper towels must be provided, the wall mounted unit was observed empty.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Excessive accumulation of grease was observed around and under the deep fat fryer, please clean immediately.

General Comments:

Cold holding temperatures were measured at or below 41°F.

A re-inspection for the noted violations has been scheduled on or after December 15, 2009. Please have all the corrections made by then. One re-inspection is conducted at no charge to you, if the violations have not been corrected and further reinspections are required, you will be invoice at \$220.00 per reinspection thereafter.

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OWNER NAME: HAMDI HAMVON/FAHD ALARBI	CERTIFIED FOOD HANDLER: FAHD ALARBI	EXP DATE: 4/24/2013	INSPECTOR: 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.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): <u>12/15/2009</u> <input type="checkbox"/> Potential Food Safety All Star:
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Sam Adam

Troy Hommerding-REHS

Received By: _____

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SUPER DRIVE IN	BUSINESS PHONE: (559) 992-4107	RECORD ID#: PR0000249	DATE: May 15, 2009
FACILITY SITE ADDRESS: 1300 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HAMDI HAMVON/FAHD ALARBI	CERTIFIED FOOD HANDLER: FAHD ALARBI	EXP DATE: 4/24/2013	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 install a cover plate to the light switch in the men's restroom .

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please provide soap to the dispenser at the two compartment sink, and paper towels to the women's restroom.

General Comments:

All temperatures checked today were satisfactory. The ice cream freezer has been relocated to inside the kitchen. 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:

Hamdi

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