



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: TECHNOLOGY LEARNING CENTER	BUSINESS PHONE: (559) 992-8880Ext. 8014	RECORD ID#: PR0008392	DATE: September 07, 2011
FACILITY SITE ADDRESS: 1011 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CORCORAN UNIFIED SCHOOL DISTRICT	CERTIFIED FOOD HANDLER: Kathy Turner	EXP DATE: 10/28/2014	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:

This newer commercial kitchen is used primarily for catering and service for meetings occurring at the TLC. All equipment is clean and functional. Hand wash stations are fully stocked.

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

Kathy S Turner

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: TECHNOLOGY LEARNING CENTER	BUSINESS PHONE: (559) 992-8887	RECORD ID#: PR0008392	DATE: September 16, 2010
FACILITY SITE ADDRESS: 1011 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CORCORAN UNIFIED SCHOOL DISTRICT	CERTIFIED FOOD HANDLER: Kathy Turner	EXP DATE: 10/28/2014	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:

Facility is new and used only by Corcoran Unified Staff as needed. All equipment is fully functional. The facility is very clean. 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 type="checkbox"/> Potential Food Safety All Star:

Kathy Turner

Received By: _____

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