



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: ADVENTURE PARK	BUSINESS PHONE: (559) 582-6000	RECORD ID#: PR0003928	DATE: June 16, 2009
FACILITY SITE ADDRESS: 1495 GLENDALE AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HANFORD RECREATIONAL PROP LLC	CERTIFIED FOOD HANDLER: ROGER HURICK	EXP DATE: 4/8/2014	INSPECTOR: Yatee Patel - 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 cold food temperatures measured today were satisfactory including the reach-ins at the Pizza counter across the main snack bar.

All hand washing stations were fully stocked.

Besides making Pizza onsite, facility only stores & serves ready to eat foods that are warmed in the microwave or in the oven.

Floor drains need cleaning.

Overall, the food facility appeared in good operational condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By: _____

Yatee Patel - 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: ADVENTURE PARK	BUSINESS PHONE: (559) 582-6000	RECORD ID#: PR0003928	DATE: July 24, 2008
FACILITY SITE ADDRESS: 1495 GLENDALE AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HANFORD RECREATIONAL PROP LLC	CERTIFIED FOOD HANDLER: ROGER HURICK	EXP DATE: 1/1/2009	INSPECTOR: Susan Lee-Yang

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:

Overall, the facility is in good operating condition.

All handwash stations were stocked with soap and papertowels.

All cold holding units were measured at or below 41°F.

Pizza in the hot holding unit measured at 139° F.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang

Received By:

Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ADVENTURE PARK	BUSINESS PHONE: (209) 582-6000	RECORD ID#: PR0003928	DATE: January 24, 2008
FACILITY SITE ADDRESS: 1495 GLENDALE AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HANFORD RECREATIONAL PROP LLC	CERTIFIED FOOD HANDLER: ROGER HURICK	EXP DATE: 1/1/2009	INSPECTOR: Yatee Patel


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: Observed debris around & inside reach-in's, clean inside of ice machine, observed food debris inside microwave & hood had grease build up. Please clean all equipment regularly.
- Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]
Description/Corrective Action: The ice machine scoop was observed stored in a resting position in the ice bed. Remove the ice scoop and store it either in a clean container or on a clean surface.
- Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: Poor sanitation was observed at the facility. Establish a daily cleaning schedule. General housekeeping needs improvement, including walls, floors and equipment.

General Comments:

Restroom were OK

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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:
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Signature:

Yatee Patel

Environmental Health Officer

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