



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: ALICIA'S CAFE	BUSINESS PHONE: (559) 584-2646	RECORD ID#: PR0005031	DATE: September 29, 2009
FACILITY SITE ADDRESS: 441 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARTIN & MARY ALICE SCHWARTZ	CERTIFIED FOOD HANDLER: MARTIN A SCHWARTZ	EXP DATE: 7/20/2011	INSPECTOR: Liliana Stransky - 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:

Both hot and cold holding temperatures were satisfactory. Refrigerators were observed organized and at adequate temperatures. Recommendations: Cover holes on the wall and clean filter vents. Repair areas of ceiling where water damage is present before potential rains.

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:

Liliana Stransky - REHS

Received By: _____

Agency Representative

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



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: ALICIA'S CAFE	BUSINESS PHONE: (559) 584-2646	RECORD ID#: PR0005031	DATE: February 25, 2009
FACILITY SITE ADDRESS: 441 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARTIN & MARY ALICE SCHWARTZ	CERTIFIED FOOD HANDLER: MARTIN A SCHWARTZ	EXP DATE: 7/20/2011	INSPECTOR: Susan Lee-Yang - 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: Observed protective light cover missing in walk-in refrigerator and under hood.
Please replace missing protective covers.

General Comments:

Observed hand wash station and restrooms fully stocked with soap and paper towels.

Observed bar area clean and well maintained.

Soups on the steam table measured above 135° F.

Chlorine sanitizer in three compartment sink measured 100 ppm.

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

Facility is in good operating condition.

In order to be considered for the Department issued Food Safety All-Star Award, the facility needs to implement a food temperature control monitoring program or complete Health Department designed facility self-evaluation reports. Please keep in mind that other food safety criteria must also be met in order to qualify for the award.

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:

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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



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: ALICIA'S CAFE	BUSINESS PHONE: (559) 584-2646	RECORD ID#: PR0005031	DATE: August 06, 2008
FACILITY SITE ADDRESS: 441 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARTIN & MARY ALICE SCHWARTZ	CERTIFIED FOOD HANDLER: MARTIN A SCHWARTZ	EXP DATE: 7/20/2011	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed vegetables stored above raw meat in reach-in unit by cooking area.
All ready-to-eat foods must be stored above raw potentially hazardous foods.

Observed various food products in reach-in units uncovered.
All food products must be covered when stored in refrigerator.

Observed ice scoop inside ice in soda fountain station.
Ice scoops should be stored out of ice and on clean surface/bucket.

Violation: IMPROPER THAWING OF FROZEN FOODS [HSC 114020]

Description/Corrective Action: Observed two bags of frozen meat on push cart.

Proper thawing includes: under running water, in refrigerator, in microwave, or as a cooking process.

General Comments:

Sanitizer in bar area measured at 100 ppm.

Observed bar area clean and organized.

Handwash stations were stocked with soap and paper towels.

All hot potentially hazardous foods measured at or above 135° F.

Please organize all cold storage units and keep up with housekeeping.

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



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: ALICIA'S CAFE	BUSINESS PHONE: (559) 584-2646	RECORD ID#: PR0005031	DATE: August 06, 2008
FACILITY SITE ADDRESS: 441 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARTIN & MARY ALICE SCHWARTZ	CERTIFIED FOOD HANDLER: MARTIN A SCHWARTZ	EXP DATE: 7/20/2011	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.

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

Martin A. Schwartz

Susan Lee-Yang

Environmental Health Specialist

Received By: _____

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