



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: AUTO ISLAND CAR WASH	BUSINESS PHONE: (559) 589-9060	RECORD ID#: PR0006065	DATE: May 14, 2009
FACILITY SITE ADDRESS: 1697 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DELIGHT CAR WASH LLC	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Replace missing lid for the ice machine and store the ice scoop outside the machine or in a manner that the handle does not rest over the ice.

Violation: IMPROPER HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

Description/Corrective Action: Hand washing stations require the supply of hot water to allow for proper hand washing. Provide hand sanitizer until hot water supply is restored. Other sinks do have hot water.

General Comments:

Please call the Department when hot water is restored to the hand washing station.
The facility was observed sanitary and well maintained.
All cold holding temperatures were below 41°F.

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:

Liliana Stransky - REHS

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AUTO ISLAND CAR WASH	BUSINESS PHONE: (559) 589-9060	RECORD ID#: PR0006065	DATE: May 05, 2008
FACILITY SITE ADDRESS: 1697 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DELIGHT CAR WASH LLC	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee

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 water leaking from faucet of three compartment sink.
Please repair/replace faucet to prevent leak.
This problem was noted at the last inspection as well.

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

Description/Corrective Action: Please stock single use paper towel in the towel dispenser.

General Comments:

Both restrooms were stocked with soap and paper towels.

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

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:

Rozanne Cano

Signature: _____

Susan Lee

Environmental Health Officer

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AUTO ISLAND CAR WASH	BUSINESS PHONE: (559) 589-9060	RECORD ID#: PR0006065	DATE: November 14, 2007
FACILITY SITE ADDRESS: 1697 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DELIGHT CAR WASH LLC	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: General housekeeping needs improvement, including walls, floors and equipment.

Violation: IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

Description/Corrective Action: Observed 2 (including faucet) leaks at the 3 compartment sink. Please repair.


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.

General Comments:

All cold food temperatures measured today were satisfactory.

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:

Signature: _____


Yatee Patel
Environmental Health Officer

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