



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**

<b>FACILITY NAME:</b> AUTO ISLAND CAR WASH	<b>BUSINESS PHONE:</b> (559) 589-9060	<b>RECORD ID#:</b> PR0006065	<b>DATE:</b> June 27, 2011
<b>FACILITY SITE ADDRESS:</b> 1697 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> DELIGHT CAR WASH LLC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:**

Facility only serves smoothies & coffee with pre-packaged items.  
keep hand washing stations stocked with soap, paper towels & hot running water at all times.  
Use bleach solution to sanitize all utensils (10% bleach solution)  
Observed clean.  
Thank you.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: \_\_\_\_\_

Yatee Patel - REHS  
Agency Representative

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



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<b>FACILITY NAME:</b> AUTO ISLAND CAR WASH	<b>BUSINESS PHONE:</b> (559) 589-9060	<b>RECORD ID#:</b> PR0006065	<b>DATE:</b> May 25, 2010
<b>FACILITY SITE ADDRESS:</b> 1697 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> DELIGHT CAR WASH LLC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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: None Noted

General Comments:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection. The following was noted during today's inspection:

- Hot water is now available throughout facility.
- Liquid dish detergent and dish sanitizer are available.

Proper hand washing is crucial. Please train employees to properly wash hands before preparing drinks to costumers.

Remember to keep up with routine cleaning and repair leaking faucet of three compartment sink.

Thank you for your cooperation!

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:
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Susan Lee-Yang - REHS

Received By: \_\_\_\_\_

Agency Representative

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<b>FACILITY NAME:</b> AUTO ISLAND CAR WASH	<b>BUSINESS PHONE:</b> (559) 589-9060	<b>RECORD ID#:</b> PR0006065	<b>DATE:</b> May 24, 2010
<b>FACILITY SITE ADDRESS:</b> 1697 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> DELIGHT CAR WASH LLC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Facility did not have hot water supply during time of inspection. Must have adequate hot water supply as soon as possible. A re-inspection will be performed tomorrow to verify hot water is available.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed faucet of three compartment sink leaking water. Please repair/replace faucet to prevent leak. Observed floors and storage cabinets in need of thorough cleaning.

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

**Description/Corrective Action:** Facility did not have proper dish washing liquid or sanitizer to manually wash dishes (ie: coffee pots, blenders). Please have dish washing liquid and sanitizer (chlorine) available by tomorrow. Please provide hot water to entire facility as soon as possible.

**General Comments:**

- The reach-in unit in the back room was not operating. Please remove unit out of facility.
- Reach-in unit storing milk and whip cream was noted at 36° F.
- A re-inspection will be performed tomorrow at no charge to verify compliance with today's noted violations. Should additional re-inspections be required, the facility will be assessed \$220 per inspection.
- Failure to comply with today's noted violations may result in closure of facility until corrections have been made.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input checked="" type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	<b>Reinspection Date (on or after):</b> 5/25/2010 <input type="checkbox"/> Potential Food Safety All Star:

*MJ Abucim*

Susan Lee-Yang - REHS

Received By:

Agency Representative

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