



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: BOBBI'S HALLMARK	BUSINESS PHONE: (559) 587-0300	RECORD ID#: PR0006536	DATE: July 15, 2011
FACILITY SITE ADDRESS: 180 N 12TH AVE 101	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM RODGERS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: None Noted

General Comments:

Hand wash station and restroom had hot water, soap, and paper towels.

Refrigerator was noted at 41°F.

Facility is clean and well maintained.

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:

Kathleen C. Dip

Received By: _____

Susan Lee-Yang - 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: BOBBI'S HALLMARK	BUSINESS PHONE: (559) 587-0300	RECORD ID#: PR0006536	DATE: July 30, 2010
FACILITY SITE ADDRESS: 180 N 12TH AVE 101	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM RODGERS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: None Noted

General Comments:

Observed hand station fully stocked with soap and papers towels.
Fudge was protected with sneeze guard and net.

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 - REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BOBBI'S HALLMARK	BUSINESS PHONE: (559) 587-0300	RECORD ID#: PR0006536	DATE: June 16, 2009
FACILITY SITE ADDRESS: 180 N 12TH AVE 101	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM RODGERS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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:

Only fudge made in the facility.
Hand washing station were fully stocked.
Sanitize the utensils with 10% bleach solution.
Non-potentially Hazardous foods stored in the reach-in.

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:

Pam Smith

Received By: _____

Yatee Patel - REHS

Agency Representative

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