



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: BURGER KING RESTAURANT	BUSINESS PHONE: (559) 584-9448	RECORD ID#: PR0000436	DATE: August 18, 2011
FACILITY SITE ADDRESS: 301 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BURGER KING RESTAURANT	CERTIFIED FOOD HANDLER: HECTOR ARTEAGA	EXP DATE: 2/15/2015	INSPECTOR: Government Intern

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: Back door was noted to be ajar; please keep closed to prevent pest infestation.

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

Description/Corrective Action: Handwash sink was missing paper towels at the time of inspection.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The sink in the men's bathroom needs to be re-sealed.

Violation: UNNECESSARY ITEMS AND LITER (HSC 114257.1)

Description/Corrective Action: Broken microwaves were noted in the back room.

General Comments:

On today's inspection, foods were stored and prepared at proper temperatures. Sliced tomatoes were noted to have been stored at room temperature; however, it was indicated that the facility uses time as a control.

All employees had food handler certifications at time of inspection.

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:

Javie Cochran

Received By: _____

Government Intern

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BURGER KING RESTAURANT	BUSINESS PHONE: (559) 584-9448	RECORD ID#: PR0000436	DATE: February 24, 2011
FACILITY SITE ADDRESS: 301 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BURGER KING RESTAURANT	CERTIFIED FOOD HANDLER: Maria Dominguez	EXP DATE: 3/5/2013	INSPECTOR: Kimberly Marquez

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 light under back door. Please replace weather seal under door to prevent unwanted pest infestation from entering facility.

Observed accumulation of debris in walk-in cold holding unit floor and fan guards. Please clean and maintain clean.

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

Description/Corrective Action: Observed mold in inner lip of ice machine located in back of house. Please clean and maintain clean.

General Comments:

Overall, the food facility appeared in good operational condition.

Hand wash station was fully stocked with soap, paper towels and hot running water.

Temperature logs are being taken on a daily basis. Keep up the good work.

Observed employee properly washing hands at time of inspection. Good job.

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: _____

Kimberly Marquez

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BURGER KING RESTAURANT	BUSINESS PHONE: (559) 584-9448	RECORD ID#: PR0000436	DATE: September 22, 2010
FACILITY SITE ADDRESS: 301 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BURGER KING RESTAURANT	CERTIFIED FOOD HANDLER: Maria Dominguez	EXP DATE: 3/5/2013	INSPECTOR: Kimberly Marquez

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 hot, cold, and final cooking food temperatures monitored today were satisfactory.

Hand washing station and restroom's were fully stocked with soap, paper towels and hot running water.

Overall, the food facility appeared in satisfactory operational condition.

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 checked="" type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Kimberly Marquez

Agency Representative

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