



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> BURGER SHACK	<b>BUSINESS PHONE:</b> (559) 582-3127	<b>RECORD ID#:</b> PR0000636	<b>DATE:</b> August 22, 2011
<b>FACILITY SITE ADDRESS:</b> 8967 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CHARLENE JESPERSEN	<b>CERTIFIED FOOD HANDLER:</b> TROI HARMAN	<b>EXP DATE:</b> 9/7/2015	<b>INSPECTOR:</b> Veronica Santa Cruz-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:** The facility's hood baffles were noted to have accumulated grease. The last cleaning service received was in August of 2010. Please have this hood serviced as soon as possible.

**General Comments:**

The facility's hand wash sinks were stocked with soap, paper towels, and hot water. Cold holding units measured at or below 41°F.

<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:

*Troi Harman*

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

*Veronica Santa Cruz-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

<b>FACILITY NAME:</b> BURGER SHACK	<b>BUSINESS PHONE:</b> (559) 582-3127	<b>RECORD ID#:</b> PR0000636	<b>DATE:</b> February 07, 2011
<b>FACILITY SITE ADDRESS:</b> 8967 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CHARLENE JESPERSEN	<b>CERTIFIED FOOD HANDLER:</b> TROI HARMAN	<b>EXP DATE:</b> 9/7/2015	<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 FOOD HANDLING PRACTICES [HSC 113961 - 113973]

Description/Corrective Action: Observed food cook with acrylic nails. Please wear disposable gloves to prevent possible food contamination. This was noted during past inspections as well.

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

Description/Corrective Action: Please ensure soap is stocked in restroom.

General Comments:

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

All cold holding units were noted satisfactory.

Facility is in satisfactory operating condition.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after):           N/A          

Potential Food Safety All Star:

*Rachel Smith*

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

<b>FACILITY NAME:</b> BURGER SHACK	<b>BUSINESS PHONE:</b> (559) 582-3127	<b>RECORD ID#:</b> PR0000636	<b>DATE:</b> August 30, 2010
<b>FACILITY SITE ADDRESS:</b> 8967 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CHARLENE JESPERSEN	<b>CERTIFIED FOOD HANDLER:</b> TROIS HARMAN	<b>EXP DATE:</b> 7/19/2010	<b>INSPECTOR:</b> Veronica Santa Cruz-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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** The certified food handler certificate has expired. Someone from the facility will be taking the certified food handlers exam in two weeks. Once the certified food handlers certificate is obtained, please give our department a copy.

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

**Description/Corrective Action:** Routinely clean built-up debris on the two compartment sink. Also, have the hot water of the faucet in the restroom repaired so that the water can be easily turned on.

**General Comments:**

Hand wash station and the restroom were stocked with soap, paper towels, and hot water. Cold holding units measured at or below 41° F.

<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:

*Ramona Garcia*

*Veronica Santa Cruz-REHS*

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

Agency Representative

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