



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: BURGERS N MORE	BUSINESS PHONE: (559) 584-7795	RECORD ID#: PR0000504	DATE: June 04, 2008
FACILITY SITE ADDRESS: 418 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FAWZ MUHRRAM	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 THAWING OF FROZEN FOODS [HSC 114020]

Description/Corrective Action: Thaw all foods under cold running water or in the refrigerator.
Observed frozen meat thawed under submerged water.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: No proof of food handler certification was available at time of inspection. Please fax a copy to the Department at 584-6040 within 30 days.

General Comments:

Only Commercial equipment allowed in facility. Facility currently uses a non-commercial freezer.
After one has been certified, please train all other employees.
All hot and 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:
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Signature of Fawz Muhrram

Signature: _____

Yatee Patel

Environmental Health Officer

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BURGERS N MORE	BUSINESS PHONE: (559) 584-7795	RECORD ID#: PR0000504	DATE: December 03, 2008
FACILITY SITE ADDRESS: 418 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FAWZ MUHRRAM	CERTIFIED FOOD HANDLER: FAWZI MUHRRAM	EXP DATE: 7/11/2013	INSPECTOR: Liliana Stransky

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: Provide hand liquid soap for the front hand washing station.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Refrigeration unit near grill was observed at 45°F. Please make sure unit is able to hold temperature at 41F or below at all times. All other refrigeration temperatures were satisfactory.

General Comments:

Provide weather stripping for the back door to prevent potential vermin entry. Remember: no chewing gum when preparing foods.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Liliana Stransky

Received By: _____

Environmental Health Specialist

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