



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: CARE PROGRAM PANTRY	BUSINESS PHONE: (559) 584-1401Ext. 4531	RECORD ID#: PR0006776	DATE: August 18, 2009
FACILITY SITE ADDRESS: 330 CAMPUS DR	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KINGS CO HEALTH DEPT	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 pre-packaged canned foods stored in the pantry.

Be sure to check all expiration dates, and discard all dented or bloated cans.

Overall facility was in good condition.

Gene Silva is in charge of the Care Program Pantry.

Thank you.

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:

Yatee Patel - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> CARE PROGRAM PANTRY	<b>BUSINESS PHONE:</b> (559) 584-1401Ext. 4531	<b>RECORD ID#:</b> PR0006776	<b>DATE:</b> August 21, 2008
<b>FACILITY SITE ADDRESS:</b> 330 CAMPUS DR	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS CO HEALTH DEPT	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang

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 all non-perishable goods stored off the ground.

Facility only stores non-perishable goods.

Facility is in good operating condition.

<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:

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

Susan Lee-Yang

Environmental Health Specialist

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### FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> CARE PROGRAM PANTRY	<b>BUSINESS PHONE:</b> (559) 584-1401	<b>RECORD ID#:</b> PR0006776	<b>DATE:</b> August 31, 2007
<b>FACILITY SITE ADDRESS:</b> 330 CAMPUS DR	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS CO HEALTH DEPT	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores

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

**Description/Corrective Action:**

**General Comments:**

The food storage pantry was observed in good operational condition.

Only non-refrigerated perishable and non-perishable foods are obtained and given away.

<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:

*Neemta M. Abdulmonem Sup, MD*

Signature: \_\_\_\_\_

*Luis Flores*

Environmental Health Officer

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