



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: CINEMARK MOVIES 8	BUSINESS PHONE: (559) 582-1474	RECORD ID#: PR0000310	DATE: January 05, 2010
FACILITY SITE ADDRESS: 1669 W LACEY	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CINEMARK MOVIES 8	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 handwash station stocked with soap and paper towels.

All cold holding units measured satisfactory at time of inspection.

Observed food products stored on racks.

Facility is well maintained.

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

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CINEMARK MOVIES 8	BUSINESS PHONE: (559) 582-1474	RECORD ID#: PR0000310	DATE: January 12, 2009
FACILITY SITE ADDRESS: 1669 W LACEY	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CINEMARK MOVIES 8	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed soap at front hand wash sink out.
Please make sure soap is stocked at all times with paper towels.

General Comments:

Observed restrooms fully stocked with soap and paper towels.
Only popcorn, nachos, ice cream, drinks, and candies are sold.
Facility is in good 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:

Susan Lee-Yang

Environmental Health Specialist

Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CINEMARK MOVIES 8	BUSINESS PHONE: (559) 582-1400	RECORD ID#: PR0000310	DATE: December 06, 2007
FACILITY SITE ADDRESS: 1669 W LACEY	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CINEMARK MOVIES 8	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 PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]
Description/Corrective Action: Observed leak under hand wash sink. Please repair within 10 days and contact this department with the confirmation.
- Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]
Description/Corrective Action: Mold was observed on the interior ceiling area of the ice machine. Wipe clean the specified area with a bleach solution.
- Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]
Description/Corrective Action: General housekeeping needs improvement, including walls, floors, floor drains and equipment.

General Comments:

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

Yatee Patel

Environmental Health Officer

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