



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> COMFORT INN	<b>BUSINESS PHONE:</b> (559) 584-9300	<b>RECORD ID#:</b> PR0005567	<b>DATE:</b> January 15, 2008
<b>FACILITY SITE ADDRESS:</b> 10 N IRWIN ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HANFORD INVESTORS, INC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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 COLD HOLDING TEMPERATURE(S) [HSC 113996]  
**Description/Corrective Action:** Reach-in measured 44°F-45°F.  
Maintain cold foods at 41° F or below at all times

**General Comments:**  
Overall, the food facility appeared in good operational 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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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*D. B. Patel*

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

<b>FACILITY NAME:</b> COMFORT INN	<b>BUSINESS PHONE:</b> (559) 584-9300	<b>RECORD ID#:</b> PR0005567	<b>DATE:</b> June 06, 2007
<b>FACILITY SITE ADDRESS:</b> 10 N IRWIN ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HANFORD INVESTORS, INC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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 COLD HOLDING TEMPERATURE(S) [HSC 113995 (c)]  
**Description/Corrective Action:** Refrigerator measured 49° F.  
Maintain cold foods at 41° F or below at all times
- Violation:** IMPROPER FOOD TEMPERATURE MONITORING [HSC 113995 (e)]  
**Description/Corrective Action:** Thermometer on the outside of refrigerator that measured 49° F read below 41° F.  
Please have an accurate thermometer and service unit for correct temperature.
- Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 114115]  
**Description/Corrective Action:** Replace/ Restock paper towels in hand washing station.

**General Comments:**

Overall, the food facility appeared in good operational condition.  
Hot holding temperature was satisfactory.

<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:

*O Butler*

Signature:

*Yatee Patel*

Environmental Health Officer

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