



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: CRAZY HORSE SPORTS BAR	BUSINESS PHONE: Not Specified	RECORD ID#: PR0005170	DATE: February 05, 2009
FACILITY SITE ADDRESS: 107 1/2 DOUTY ST	CITY: HANFORD	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RACHEL M TORRES	CERTIFIED FOOD HANDLER: Rachel Torres	EXP DATE: 8/14/2009	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed both restrooms out of paper towels. Please have paper towels stocked at all time.

Currently, facility does not have hot water. The Gas Company is scheduled to be at facility today. Please call our Department to verify hot water is available.

General Comments:

Observed bar area clean and organized.

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:

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CRAZY HORSE SPORTS BAR	BUSINESS PHONE: (559) 924-2927	RECORD ID#: PR0005170	DATE: September 20, 2007
FACILITY SITE ADDRESS: 107 1/2 DOUTY ST	CITY: HANFORD	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RACHEL M TORRES	CERTIFIED FOOD HANDLER: Rachel Torres	EXP DATE: 8/14/2009	INSPECTOR: Raymond Cooke

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:

This facility is under new ownership.

All hand wash sinks are stocked; hot and cold water are present.

Bleach will be used for a sanitizer in the wash sink (1-2 caps for the third sink).

Rachel Torres, the owner, passed the Experior certified food manager test on 8/14/2004.

Good luck!

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

R. Cooke

Signature: _____

Raymond Cooke

Environmental Health Officer

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