



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> DAIRY QUEEN OF HANFORD	<b>BUSINESS PHONE:</b> (559) 582-1206	<b>RECORD ID#:</b> PR0006629	<b>DATE:</b> July 08, 2011
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD B-10	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JMAC GROUP LLC	<b>CERTIFIED FOOD HANDLER:</b> NICHOLAS SIMON	<b>EXP DATE:</b> 4/25/2015	<b>INSPECTOR:</b> 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed soda nozzles with mildew accumulation  
Please clean nozzles regularly to prevent accumulation.  
  
Sanitizer was noted below 200 ppm.  
Please ensure sanitizer is at a minimum of 200 ppm.

**General Comments:**

- Hand wash station had hot water, soap, and paper towels.
- Hot dog was noted at 153°F.
- Observed dipper well on and running.
- All cold holding units were noted at or below 41°F.
- As a reminder, stir chili regularly.

**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: \_\_\_\_\_

Susan Lee-Yang - REHS

Agency Representative

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



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<b>FACILITY NAME:</b> DAIRY QUEEN OF HANFORD	<b>BUSINESS PHONE:</b> (559) 582-1206	<b>RECORD ID#:</b> PR0006629	<b>DATE:</b> January 25, 2011
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD B-10	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JMAC GROUP LLC	<b>CERTIFIED FOOD HANDLER:</b> NICHOLAS SIMON	<b>EXP DATE:</b> 4/25/2015	<b>INSPECTOR:</b> 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:

Cold & hot foods were at satisfactory and safe levels.

3 compartment sink sanitizer level was 50 ppm concentration.

Previous violation corrected - water now drains into floor sink.

The food handling practice observed was very good and the food facility was in excellent operational condition.

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:

*Nicholas Simon*

Received By:

*Yatee Patel - REHS*

Agency Representative

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<b>FACILITY NAME:</b> DAIRY QUEEN OF HANFORD	<b>BUSINESS PHONE:</b> (559) 582-1206	<b>RECORD ID#:</b> PR0006629	<b>DATE:</b> May 05, 2010
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD B-10	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JMAC GROUP LLC	<b>CERTIFIED FOOD HANDLER:</b> NICHOLAS SIMON	<b>EXP DATE:</b> 8/1/2011	<b>INSPECTOR:</b> 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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Please readjust pipe for back hand wash sink to directly discharge water into floor drain and not onto floor

**General Comments:**

Observed hand wash station fully stocked with soap and paper towels.

All cold holding units were noted satisfactory at time of inspection.

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:

*[Handwritten Signature]*

Susan Lee-Yang - REHS

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

Agency Representative

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