



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: DELTA VIEW SCHOOL	BUSINESS PHONE: (559) 582-3122	RECORD ID#: PR0000210	DATE: April 30, 2009
FACILITY SITE ADDRESS: 1201 E LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DELTA VIEW SCHOOL	CERTIFIED FOOD HANDLER: ELLYN A. HELM	EXP DATE: 12/15/2011	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:

Facility gets food delivered from Kit Carson in hot boxes. No food is stored at the facility & the kitchen is not used. All cold holding units are empty.

Facility was observed clean & handwash stations were fully stocked with soap & paper towels.

Thank you.

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

T. J. ...

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

FACILITY NAME: DELTA VIEW SCHOOL	BUSINESS PHONE: (559) 582-3122	RECORD ID#: PR0000210	DATE: October 21, 2008
FACILITY SITE ADDRESS: 1201 LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DELTA VIEW SCHOOL	CERTIFIED FOOD HANDLER: ELLYN A. HELM	EXP DATE: 12/15/2011	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: None Noted

General Comments:

All cold holding units were measured below 41°F.

Corn measured at 148° F.

Chlorine sanitizer bucket measured 100 ppm, good.

Observed all handwash stations fully stocked with soap and paper towels.

Observed cold holding unit temperature logs kept-up-to date.

I would like to see documentation of food monitoring temperature logs.

In order to be considered for the Department issued Food Safety All-Star Award, the facility needs to implement a food temperature control monitoring program or complete Health Department designed facility self-evaluation reports. If self-evaluation reports are used, copies of the completed forms are to sent to the Department for review and consideration of the award. Completed forms can be sent via mail or FAX to the Department. Please keep in mind that other food safety criteria must also be met in order to qualify for the award.

Overall, facility is improving and in good operating condition.

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

Ellyn Helm

Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DELTA VIEW SCHOOL	BUSINESS PHONE: (559) 582-3122	RECORD ID#: PR0000210	DATE: June 16, 2008
FACILITY SITE ADDRESS: 1201 LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DELTA VIEW SCHOOL	CERTIFIED FOOD HANDLER: ELLLYN A. HELM	EXP DATE: 12/15/2011	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: None Noted

Description/Corrective Action:

General Comments:

This inspection was due to the summer program for Breakfast.
Delta View is no longer participating for the Breakfast program this summer.
Contact this department if you decide to start the program.

Overall, the food facility appeared in good operational condition.
A Routine Inspection will be conducted during school year.

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

Elllyn A. Helm

Signature:

Yatee Patel

Environmental Health Officer

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