



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: DOMINO'S PIZZA	BUSINESS PHONE: (559) 582-5050	RECORD ID#: PR0005066	DATE: May 31, 2011
FACILITY SITE ADDRESS: 1703 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOE M LUIS	CERTIFIED FOOD HANDLER: MICHELE J. HICKS	EXP DATE: 8/15/2012	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: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Several flies problem were noted w/in the establishment. The operator of this facility needs to purchase and install fly exclusion equipment. Equipment that can be installed includes doorway access air curtain fans and fly control lighting devices within the establishment. Have the equipment installed by no later than 30 days. Keep all foods covered.

Provide this Department with an update equipment purchase and installation schedules.

General Comments:

- Cold holding unit was at 41°F .
- Hot pizza measured at 200° F
- Handwashing station was fully stocked.
- Walk-in - Ok.
- Facility in good operating condition.
- Wash hands frequently & in-between duties.

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:
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Darbara Salpan

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: DOMINO'S PIZZA	BUSINESS PHONE: (559) 582-5050	RECORD ID#: PR0005066	DATE: November 18, 2010
FACILITY SITE ADDRESS: 1703 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOE M LUIS	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 hand wash station stocked with soap and paper towels.

All cold holding units were noted at or below 41°F.

QAC sanitizer in 3-compartment sink was noted at 200 ppm.

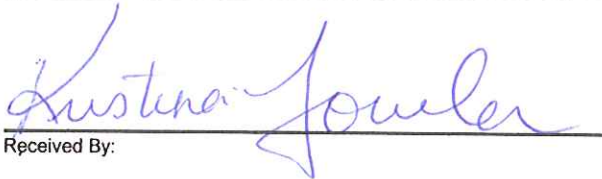
Facility is in good operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after) N/A

Potential Food Safety All Star:


Received By:

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DOMINO'S PIZZA	BUSINESS PHONE: (559) 582-5050	RECORD ID#: PR0005066	DATE: February 25, 2010
FACILITY SITE ADDRESS: 1703 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOE M LUIS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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:

Overall, the food facility appeared in good operational condition.

All cold cooking food temperatures monitored today were satisfactory.

Sanitize measured 150ppm of QAC at the 3 compartment sink.

Observed employee washing hands before beginning food prep.

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:

Received By: _____

Yatee Patel - REHS

Agency Representative

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