

INSPECTION REPORT

KINGS COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL
HEALTH SERVICES
<http://www.countyofkings.com/health/ehs>



330 CAMPUS DRIVE
HANFORD, CA 93230
(559) 584-1411
FAX: (559) 584-6040

BUSINESS NAME:	<i>Donut Corral</i>	DATE:	<i>Feb 6th 2012</i>
ADDRESS:	<i>913 W. Lacey Blvd - Hfd</i>		
OWNER/OPERATOR	<i>Manley Khaung W.</i>		
PHONE #:	<i>584-0 584-0401</i>	LIC PLATE #:	<i>-</i>
PROGRAM:	<i>1614</i>		

* Equipment observed clean and no grease was observed around fryer.

* Hood was also clean.

* Cold holding unit was at 42°F - OK

* Handwashing station was fully equipped.

* Floor drain clean

* Dry storage area was clean.

Facility has alot of improvement. Thank you.

Inspector:

[Signature]
YATRE PATEL

Received by:

[Signature]

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County of Kings - Department of Public Health

Environmental Health Services Division

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DONUT CORRAL	BUSINESS PHONE: (559) 584-8401	RECORD ID#: PR0000644	DATE: December 09, 2010
FACILITY SITE ADDRESS: 913 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KHLOEUNG YOU	CERTIFIED FOOD HANDLER: KHLOEUNG YOU	EXP DATE: 5/18/2015	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: General facility is clean, however, some areas of the hood, ceiling and walls need detail cleaning.

Violation: IMPROPER HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

Description/Corrective Action: Currently, facility's operator uses hand towels to dry hands. Use single serving paper towels. No soap available near handwashing station.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Facility does not use some dough mixers & other equipment that collects dust. Please remove items or maintain them clean at all times.

General Comments:

Cold holding unit monitored today were satisfactory.

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

Received By:

Yatee Patel - REHS

Agency Representative

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



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OWNER NAME: KHLOEUNG YOU	CERTIFIED FOOD HANDLER: SOKHEMOLY LENG	EXP DATE: 5/23/2010	INSPECTOR: Liliana Stransky - 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:

Work on the exhaust was being done at the facility. No disruption to service hours is expected. Please make sure all equipment is cleaned and sanitized before it is put to use. Cold holding temperatures were at or below 41° F. Areas not affected by the ongoing work were observed clean and orderly.

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:

Shale Parker

Liliana Stransky - REHS

Received By: _____

Agency Representative

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