



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> FATTE ALBERT'S PIZZA	<b>BUSINESS PHONE:</b> (559) 585-0220	<b>RECORD ID#:</b> PR0006825	<b>DATE:</b> July 15, 2011
<b>FACILITY SITE ADDRESS:</b> 110 E SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> WENDY RAYGOZA	<b>CERTIFIED FOOD HANDLER:</b> STEVE GONZALES	<b>EXP DATE:</b> 9/6/2012	<b>INSPECTOR:</b> Veronica Santa Cruz-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:** The walls in the back prep area near the walk-in refrigerator are need of cleaning. Please routinely clean all equipment and walls to avoid an accumulation of food debris.

The flooring near the pizza oven is coming undone. Please repair this portion of the floor by the facility's next routine inspection.

**General Comments:**

During this inspection, complaint C0#6912 was addressed. According to the complainant, employees from the facility were observed handling money and failing to wash their hands prior to handling food. The owner of the facility was made aware of this occurring and is now having all her employees wash their hands and wear food handler gloves when handling food. All employees must be made aware to throw their gloves away once a certain task has changed. At this time, this complaint was substantiated and will be abated.

During this routine inspection, all cold holding units measured at or below 41 °F and hand wash stations were stocked with soap and paper towels.

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

Veronica Santa Cruz-REHS  
Agency Representative

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

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



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<b>FACILITY NAME:</b> FATTE ALBERT'S PIZZA	<b>BUSINESS PHONE:</b> (559) 585-0220	<b>RECORD ID#:</b> PR0006825	<b>DATE:</b> February 03, 2011
<b>FACILITY SITE ADDRESS:</b> 110 E SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> WENDY RAYGOZA	<b>CERTIFIED FOOD HANDLER:</b> STEVE GONZALES	<b>EXP DATE:</b> 9/6/2012	<b>INSPECTOR:</b> Kimberly Marquez

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:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Observed ice scooper inside ice located by register. Please place scooper in separate container to prevent cross-contamination to ice.

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

**Description/Corrective Action:** Observed accumulation of dust debris on far guards located in walk-in cold holding unit. Please clean to prevent contamination to food.

**General Comments:**

Overall, the food facility appeared in good operational condition.

Hand sinks fully stocked with soap, paper towels and hot running water at time of inspection.

All cold holding units temperatures were at satisfactory.

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

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

Kimberly Marquez

Agency Representative

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<b>FACILITY NAME:</b> FATTE ALBERT'S PIZZA	<b>BUSINESS PHONE:</b> (559) 585-0220	<b>RECORD ID#:</b> PR0006825	<b>DATE:</b> August 27, 2010
<b>FACILITY SITE ADDRESS:</b> 110 E SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> CONSTRUCTION/EQUIPMENT INSF
<b>OWNER NAME:</b> WENDY RAYGOZA	<b>CERTIFIED FOOD HANDLER:</b> STEVE GONZALES	<b>EXP DATE:</b> 9/6/2012	<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: None Noted

General Comments:

Today's inspection is to determine if the facility is able to operate the new addition area to the existing facility.

Based on today's inspection, the new addition may operate once the following are corrected:

- Make sure paper towel and soap dispensers are fully stocked.
- Seal hand wash station to the wall.
- Seal floor coving to walls.

Currently, the new addition to the existing facility will only be used for additional dining. The new addition does have room for future use for storage and prep area. Please provide equipment specifications to our Department prior to bringing or installing new equipments in the facility.

<b>RESULTS OF EVALUATION:</b> <input 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:

*Wendy Raygoza*

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

*Susan Lee-Yang - REHS*  
\_\_\_\_\_  
Agency Representative

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