



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> GOLDEN HARVEST APOSTOLIC CHURCH	<b>BUSINESS PHONE:</b> (559) 587-1464	<b>RECORD ID#:</b> PR0003878	<b>DATE:</b> April 06, 2012
<b>FACILITY SITE ADDRESS:</b> 11914 2nd PL	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MICHAEL J COTTON	<b>CERTIFIED FOOD HANDLER:</b> BEVERLY THREADGILL	<b>EXP DATE:</b> 3/7/2015	<b>INSPECTOR:</b> Luis Flores

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: OTHER PERMIT VIOLATION

Description/Corrective Action: Rodent droppings were observed in the kitchen sink cupboard. Clean out the droppings, sanitize the area, and set traps and/or bait for control purposes.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: No hot water heater is provided to the kitchen area restroom facilities. Please install a hot water heater for these restrooms.

General Comments:

Other than the two identified violations, the facility was determined to be in good overall operating condition.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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:

*Beverly Threadgill*

Received By:

*Luis Flores*

Agency Representative

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



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> GOLDEN HARVEST APOSTOLIC CHURCH	<b>BUSINESS PHONE:</b> (559) 584-8467	<b>RECORD ID#:</b> PR0003878	<b>DATE:</b> February 04, 2011
<b>FACILITY SITE ADDRESS:</b> 11914 SECOND PL	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MICHAEL J COTTON	<b>CERTIFIED FOOD HANDLER:</b> BEVERLY THREADGILL	<b>EXP DATE:</b> 3/7/2015	<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: None Noted

General Comments:

Hand wash station had hot water, soap, and paper towel.

Cold holding units were noted satisfactory.

Observed facility maintained and organized.

Facility has a commercial stove but noncommercial hood and refrigerator. As a reminder, limited food preparation may occur due to the noncommercialized equipments.

Thank you!

<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:
---	---

*Viola Lamay*

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

*Susan Lee-Yang - REHS*

Agency Representative

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



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> GOLDEN HARVEST APOSTOLIC CHURCH	<b>BUSINESS PHONE:</b> (559) 584-8467	<b>RECORD ID#:</b> PR0003878	<b>DATE:</b> February 08, 2010
<b>FACILITY SITE ADDRESS:</b> 11914 SECOND PL	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> REVEREND JOSHUA L COTTON	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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:

Observed handwash station fully stocked with soap and paper towels.

All cold holding units were noted satisfactory today.

Facility is in satisfactory operating condition.

Please submit/fax proof of certified food handler to our Department within 60 days.

As a reminder, please submit proper construction plans to our Department if the kitchen will be remodeled. In addition, please make sure our Department approves of any new quipment prior to bringing it into the kitchen.

<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:

*Michael J. Cotton*

Received By:

*Susan Lee-Yang - REHS*

Agency Representative

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