



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> HANFORD COMM MEDICAL CENTER	<b>BUSINESS PHONE:</b> (559) 582-9000Ext. 5108	<b>RECORD ID#:</b> PR0006443	<b>DATE:</b> April 04, 2012
<b>FACILITY SITE ADDRESS:</b> 450 GREENFIELD AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HCMC - ADVENTIST HEALTH HOME CARE	<b>CERTIFIED FOOD HANDLER:</b> DONNA ROBERTS	<b>EXP DATE:</b> 3/24/2013	<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: None Noted

General Comments:

All hot and cold food temperatures monitored met State Food Code requirements. Facility staff monitor refrigeration unit temperatures twice a day and utilize an approved and calibrated digital thermometer for food temperature checks. The facility was observed to be in very good operational condition.

Thank you for your attention to food safety.

<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 checked="" type="checkbox"/> Potential Food Safety All Star:

*Donna Roberts*

*Luis Flores*

Received By:

Agency Representative

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



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<b>FACILITY SITE ADDRESS:</b> 450 GREENFIELD AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HCMC - ADVENTIST HEALTH HOME CARE	<b>CERTIFIED FOOD HANDLER:</b> DONNA ROBERTS	<b>EXP DATE:</b> 3/24/2013	<b>INSPECTOR:</b> 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:

Observed all cold holding temperatures at or below 41° F.  
 Lunch was over at time of inspection, therefore no hot holding food items were observed. Daily temperature logs were readily available for review. These records were observed complete and accurate.  
 Hand washing station was observed stocked with hand soap and paper towels.  
 The chlorine sanitizer level was at 100 ppm for the dishwasher.  
 Overall the facility was noted clean and organized.

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 checked="" type="checkbox"/> Potential Food Safety All Star:

*April Salente*

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

*Liliana Stransky - REHS*

Agency Representative

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<b>FACILITY NAME:</b> HANFORD COMM MEDICAL CENTER	<b>BUSINESS PHONE:</b> (559) 582-9000Ext. 5108	<b>RECORD ID#:</b> PR0006443	<b>DATE:</b> September 29, 2010
<b>FACILITY SITE ADDRESS:</b> 450 GREENFIELD AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HCMC - ADVENTIST HEALTH HOME CARE	<b>CERTIFIED FOOD HANDLER:</b> STEVE IKE	<b>EXP DATE:</b> 3/24/2013	<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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed interior of ice machine with mildew accumulation. Please clean ice machine on regular basis.

General Comments:

- Observed hand wash station stocked with soap and paper towels.
- Observed employees conducting proper hand washing.
- All cold holding units were noted satisfactory.
- Dishwasher sanitizer was noted at 100 ppm.
- Chicken and enchiladas on the steam table were noted above 135°F.
- Observed employees taking and logging food temperatures.
- 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:

Donna Roberts

Susan Lee-Yang - REHS

Received By:

Agency Representative

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