



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 FIRST BAPTIST CHURCH	<b>BUSINESS PHONE:</b> (559) 584-6644	<b>RECORD ID#:</b> PR0007680	<b>DATE:</b> June 02, 2011
<b>FACILITY SITE ADDRESS:</b> 9125 13 1/2 AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LINDA BARNHART/MEMBER	<b>CERTIFIED FOOD HANDLER:</b> LINDA BARNHART	<b>EXP DATE:</b> 5/30/2015	<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:

Today's inspection revealed the following:

- \* all refrigeration temperatures were noted at or below 41° F.
- \* all hand washing stations were observed stocked with soap and paper towels.
- \* kitchen equipment was observed functional and clean.
- \* restroom facilities were observed well maintained.

Please provide the following:

- Flooring for the dry storage room should be sealed and covered.
- Thermometers are required at each refrigerator.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after):           N/A          

Potential Food Safety All Star:

*Linda Barnhart*

*Liliana Stransky - REHS*

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> 9125 13 1/2 AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LINDA BARNHART/MEMBER	<b>CERTIFIED FOOD HANDLER:</b> LINDA BARNHART	<b>EXP DATE:</b> 4/30/2015	<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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed back door with opening to allow possible vermin/rodent entry. Please install door seal to bottom of door to prevent entrance of vermin/rodent into facility.

Observed shatterproof cover missing from ceiling lights. Please replace shatterproof cover.

**General Comments:**

Observed all hand wash stations fully stocked with soap and paper towels.

Observed all cold holding units operating satisfactory.

Facility is good operating condition.

<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:

*Melissa Woodcock*

*Susan Lee-Yang - REHS*

Received By:

Agency Representative

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