



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

FACILITY NAME: HANFORD FOX THEATRE	BUSINESS PHONE: (559) 584-4423	RECORD ID#: PR0000460	DATE: March 28, 2012
FACILITY SITE ADDRESS: 326 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: W R & J D HUMASON	CERTIFIED FOOD HANDLER: Wilma Humason	EXP DATE: 6/17/2014	INSPECTOR: 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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed hand sink noted at 67F in mens public restroom. Please fix.

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

Description/Corrective Action: Observed popcorn machine with build up inside and around lid. Please clean and maintain clean.

General Comments:

Observed hand sink fully stocked with soap and paper towels.

3 compartment sink noted at 120F and above at time of inspection.

Observed refrigerator noted at 29F.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Kimberly Marquez

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HANFORD FOX THEATRE	BUSINESS PHONE: (559) 584-4423	RECORD ID#: PR0000460	DATE: February 16, 2011
FACILITY SITE ADDRESS: 326 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: W R & J D HUMASON	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: None Noted

General Comments:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection. The following was noted during today's inspection: hot running water was noted in both the women's and men's restroom.

As a reminder children should not be behind the concession stand while facility is operating to prevent cross-contamination to food.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Kimberly Marquez

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HANFORD FOX THEATRE	BUSINESS PHONE: (559) 584-4423	RECORD ID#: PR0000460	DATE: February 02, 2011
FACILITY SITE ADDRESS: 326 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: W R & J D HUMASON	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed no hot water in Men's and Women's restroom. A re-inspection will be performed at no charge to verify compliance with today's noted violations. Should additional re-inspections be required, the facility will be assessed \$220 per inspection.

General Comments:

Re-inspection will be conducted on or after 2-16-11.

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>2/16/2011</u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Kimberly Marquez

Agency Representative

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