



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> HICKORY FARMS INC	<b>BUSINESS PHONE:</b> (419) 893-7611	<b>RECORD ID#:</b> PR0000667	<b>DATE:</b> December 09, 2009
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HICKORY FARMS INC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Yatee Patel - 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:**

Cold holding units measured satisfactory.  
Facility was observed clean, and in good operating condition.  
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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: \_\_\_\_\_

Yatee Patel - REHS  
Agency Representative

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



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### FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> HICKORY FARMS INC	<b>BUSINESS PHONE:</b> (419) 893-7611	<b>RECORD ID#:</b> PR0000667	<b>DATE:</b> December 06, 2007
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HICKORY FARMS INC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Yatee Patel

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

**Description/Corrective Action:**

**General Comments:**

All cheese & perishable foods are stored in a cooler.  
Call this department to let us know where excess product is stored or how it is delivered.  
Cold food temperatures measured today were 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:

*Valerie Charleston*

Signature: \_\_\_\_\_

*Yatee Patel*

Environmental Health Officer

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### FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> HICKORY FARMS INC	<b>BUSINESS PHONE:</b> (419) 893-7611	<b>RECORD ID#:</b> PR0000667	<b>DATE:</b> November 06, 2006
<b>FACILITY SITE ADDRESS:</b> 1675 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HICKORY FARMS INC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Jeff Taber

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

**Description/Corrective Action:**

**General Comments:**

Facility is well maintained. All potentially hazardous foods were held below 41 degrees F.

<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:

*Melinda Clark*

Signature: \_\_\_\_\_

*Jeff Taber*

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Environmental Health Officer

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