



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> JAVA HEAVEN INC	<b>BUSINESS PHONE:</b> (559) 584-5955	<b>RECORD ID#:</b> PR0005385	<b>DATE:</b> May 16, 2011
<b>FACILITY SITE ADDRESS:</b> 1764 N 10TH	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOE RAMSEY/K RAMSEY/C QUINTAL	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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:

Facility was observed clean and well maintained.  
Hand wash station had hand soap and single use towels.  
Refrigerator was at 44°F - only milk is stored in the refrigerator.

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:

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

Liliana Stransky - REHS

Agency Representative

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



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<b>FACILITY NAME:</b> JAVA HEAVEN INC	<b>BUSINESS PHONE:</b> (559) 584-5955	<b>RECORD ID#:</b> PR0005385	<b>DATE:</b> May 24, 2010
<b>FACILITY SITE ADDRESS:</b> 1764 N 10TH	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOE RAMSEY/K RAMSEY/C QUINTAL	<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 hand wash station stocked with soap and paper towels.

Reach-in unit storing dairy products was noted satisfactory.

Facility is in satisfactory 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:

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

Susan Lee-Yang - REHS

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> JAVA HEAVEN INC	<b>BUSINESS PHONE:</b> (559) 584-5955	<b>RECORD ID#:</b> PR0005385	<b>DATE:</b> May 14, 2009
<b>FACILITY SITE ADDRESS:</b> 1764 N 10TH	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOE RAMSEY/K RAMSEY/C QUINTAL	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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:** IMPROPER HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

**Description/Corrective Action:** No hot water available for proper hand washing procedures. Use hand sanitizer after washing hands until hot water is available.

**Violation:** IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Refrigeration was observed above 41°F adjust thermostat or repair as soon as possible.

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

**Description/Corrective Action:** No hot water is available. Faucet knob is broken and needs to be repaired/replaced as soon as possible. Use chlorine solution (100 ppm) to rinse equipment & utensils.

**General Comments:**

Call the Department when repairs to sink faucet are complete.

<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> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*Aileen Garcia*

*Liliana Stransky - REHS*

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

Agency Representative

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