



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: KINGS COUNTRY CLUB	BUSINESS PHONE: (559) 585-0396	RECORD ID#: PR0000484	DATE: March 16, 2012
FACILITY SITE ADDRESS: 3529 N 12TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BOARD OF DIRECTORS	CERTIFIED FOOD HANDLER: DIMAS TAMAYO	EXP DATE: 2/16/2017	INSPECTOR: 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:

The facility was utilizing a dial face stem thermometer for food temperature monitoring. A digital thermometer was provided to the operator during this inspection visit.

All hot and cold food temperatures monitored met State Food Code requirements.

The food handling practice observed was excellent.

Thank you,

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input 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> N/A </u> <input checked="" type="checkbox"/> Potential Food Safety All Star:

Received By:

Luis Flores

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KINGS COUNTRY CLUB	BUSINESS PHONE: (559) 585-0396	RECORD ID#: PR0000484	DATE: June 29, 2011
FACILITY SITE ADDRESS: 3529 N 12TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BOARD OF DIRECTORS	CERTIFIED FOOD HANDLER: LARRY A SCHREIBER	EXP DATE: 7/11/2011	INSPECTOR: 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 food debris on slicer and floor drain. Please continue to focus on thorough cleaning of all equipments and entire facility.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed numerous boxes of food products stored directly on the ground inside walk-in units. All food products must be stored off the ground at a minimum of six inches.

General Comments:

- Observed hand wash stations stocked with soap, paper towels, and running water.
- Chlorine sanitizer for dishwasher was noted at 100 ppm.
- All cold holding units were noted satisfactory.
- Rice and soup on the steam table were noted above 135°F.
- Facility has improved on general cleanliness throughout the facility. Please continue to do so.

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: _____

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KINGS COUNTRY CLUB	BUSINESS PHONE: (559) 585-0396	RECORD ID#: PR0000484	DATE: December 23, 2010
FACILITY SITE ADDRESS: 3529 N 12TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 2ND+ FOLLOWUP INSPECTION
OWNER NAME: BOARD OF DIRECTORS	CERTIFIED FOOD HANDLER: LARRY A SCHREIBER	EXP DATE: 7/11/2011	INSPECTOR: 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:

Today's billable re-inspection was to verify whether or not the facility has corrected the violations noted on the last re-inspection. The following was observed:

-The reach-in prep unit was noted at 41°F.

Please continue to monitor all equipments and keep up with thorough cleaning of the entire facility.

Your cooperation in correcting the noted violations have been much appreciated!

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input 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> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Larry Schreiber

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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