



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> KINGS COUNTY BOWL/BAR	<b>BUSINESS PHONE:</b> (559) 582-1036	<b>RECORD ID#:</b> PR0000136	<b>DATE:</b> July 27, 2011
<b>FACILITY SITE ADDRESS:</b> 1050 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> TOM ROSS	<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:**

Bar had hot running water. Be sure to provide soap & paper towels when in use.  
Mop sink needs to be connected to the drain indirectly.  
Dish machine - Ok.  
Use bleach solutions to sanitize.  
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:

*Tom Ross*  
\_\_\_\_\_  
Received By:

*Yatee Patel - REHS*  
\_\_\_\_\_  
Agency Representative

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



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<b>FACILITY NAME:</b> KINGS COUNTY BOWL/BAR	<b>BUSINESS PHONE:</b> (559) 582-1036	<b>RECORD ID#:</b> PR0000136	<b>DATE:</b> January 28, 2011
<b>FACILITY SITE ADDRESS:</b> 1050 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> TOM ROSS	<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:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Sanitizer for dishwasher was noted at 0 ppm. Please call for service and ensure sanitizer is able to maintain at least 50 ppm.

**General Comments:**

Observed restroom maintained and stocked with soap and paper towels.

Please correct today's violation to avoid further re-inspections.

<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:

*Tom Ross*

*Susan Lee-Yang - REHS*

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<b>FACILITY NAME:</b> KINGS COUNTY BOWL/BAR	<b>BUSINESS PHONE:</b> (559) 582-1036	<b>RECORD ID#:</b> PR0000136	<b>DATE:</b> January 26, 2010
<b>FACILITY SITE ADDRESS:</b> 1050 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> TOM ROSS	<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:

Hot running water available. Soap and hand towels are available for use.

Use the 3 Compartment to sanitize glasses with 10% bleach solution.

Overall facility was in good 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: \_\_\_\_\_

Yatee Patel - REHS

Agency Representative

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