



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: ME-N-ED'S PIZZA	BUSINESS PHONE: (559) 584-9249	RECORD ID#: PR0000586	DATE: September 13, 2011
FACILITY SITE ADDRESS: 711 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD HANDLER: ROBERT LOMELINO	EXP DATE: 7/26/2013	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 can opener and walk-in refrigerator floor, wall, and storage racks accumulated with food debris. Please clean equipments on routine basis to prevent debris accumulation.

General Comments:

Hand wash station and restroom had hot water, soap, and paper towels.

All cold holding units were noted at or below 41°F.

QAC sanitizer for 3-compartment sink was noted at 200 ppm.

Observed all food handlers washing their hands.

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 type="checkbox"/> Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ME-N-ED'S PIZZA	BUSINESS PHONE: (559) 584-9249	RECORD ID#: PR0000586	DATE: February 24, 2011
FACILITY SITE ADDRESS: 711 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD HANDLER: ROBERT LOMELINO	EXP DATE: 7/26/2013	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 janitorial supply closet with accumulation of debris and unorganized. Please clean janitorial closet and maintain clean to prevent pest infestation.

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

Description/Corrective Action: Observed accumulation of debris on can opener blade. Please clean and maintain clean. This violation was noted in last inspection please address issue.

Observed fan guards and light fixtures in walk-in cold holding unit with accumulation of dust. Please clean and maintain clean.

Observed ceiling by cook area with accumulation of dust by vents. Please clean to prevent contamination to food.

General Comments:

Observed all hand sinks fully stocked with soap, paper towels and hot running water.

All cold holding units were noted at 41° F or below.

Recommend to log temperatures for potential hazardous foods.

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:

Robert Lomelino

Received By: _____

Kimberly Marquez

Agency Representative

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