



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: MEDITERRANEAN GRILL	BUSINESS PHONE: (559) 589-9939	RECORD ID#: PR0006925	DATE: September 13, 2011
FACILITY SITE ADDRESS: 1734 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAMAL AWAD	CERTIFIED FOOD HANDLER: GAMAL AWAD	EXP DATE: 3/27/2012	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 THAWING OF FROZEN FOODS [HSC 114020]

Description/Corrective Action: Observed frozen chicken being thawed at room temperature. Proper thawing includes: under cool running water, in the refrigerator, or as a cooking process. Operator corrected violation during inspection.

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

Description/Corrective Action: Observed onion bags stored directly on the floor. All food products must be stored at least 6 inches off the floor.

General Comments:

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

All cold holding units were noted satisfactory at time of inspection.

Facility is well maintained.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

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: MEDITERRANEAN GRILL	BUSINESS PHONE: (559) 589-9939	RECORD ID#: PR0006925	DATE: January 07, 2011
FACILITY SITE ADDRESS: 1734 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAMAL AWAD	CERTIFIED FOOD HANDLER: GAMAL AWAD	EXP DATE: 3/27/2012	INSPECTOR: 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Please maintain daily cleaning schedule by removing build-up of food debris from all counter surfaces, floors and walls. Remember to use the ice scoop for the ice machine.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please don't clutter the hand washing sink in the kitchen to allow proper and frequent use by employees.

General Comments:

All cold holding temperatures were observed at or below 41°F.
Hand soap and paper towels were available at the restrooms and hand washing station.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Liliana Stransky - REHS

Received By: _____

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MEDITERRANEAN GRILL	BUSINESS PHONE: (559) 589-9939	RECORD ID#: PR0006925	DATE: May 24, 2010
FACILITY SITE ADDRESS: 1734 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: JAMAL AWAD	CERTIFIED FOOD HANDLER: GAMAL AWAD	EXP DATE: 3/27/2012	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:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last inspection. The following was noted during today's inspection:

-Reach-in unit was noted satisfactory today.

Thank you for your cooperation!

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:

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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