



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: MIKE'S GRILL	BUSINESS PHONE: (559) 589-9460	RECORD ID#: PR0006107	DATE: April 12, 2012
FACILITY SITE ADDRESS: 617 E SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MICHAEL MURRIETTA	CERTIFIED FOOD HANDLER: MICHAEL D. MURRIETTA	EXP DATE: 2/10/2014	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed ceiling fan and walls in need of cleaning.
Observed door seal of refrigerator torn.
Please replace.

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

Description/Corrective Action: Cold prep unit was noted at 44° F.
Please adjust thermostat to lower temperature and/or call for service.

General Comments:

Observed dining room clean and well maintained.
Other than noted, cold holding units were at or below 41° F.
Burritos were noted at 165° F.
Please correct today's noted violations.

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

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MIKE'S GRILL	BUSINESS PHONE: (559) 585-1141	RECORD ID#: PR0006107	DATE: May 17, 2011
FACILITY SITE ADDRESS: 617 E SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MICHAEL MURRIETTA	CERTIFIED FOOD HANDLER: MICHAEL D. MURRIETTA	EXP DATE: 2/10/2014	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed pipe beneath 3-compartment sink leaking water. Please repair/replace pipe.

General Comments:

Observed hand wash station stocked with soap and paper towels.

All cold holding units were noted below 41°F.

Observed good organization and storage of food products.

Thank you!

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: MIKE'S GRILL	BUSINESS PHONE: (559) 585-1141	RECORD ID#: PR0006107	DATE: November 09, 2010
FACILITY SITE ADDRESS: 617 E SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MICHAEL MURRIETTA	CERTIFIED FOOD HANDLER: MICHAEL D. MURRIETTA	EXP DATE: 2/10/2014	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

- Description/Corrective Action:**
- Reach-in prep unit was observed to be leaking at the bottom. Please repair or replace unit.
 - The pipe beneath the three compartment sink was observed to be leaking at the bottom. Please repair or replace pipe.
 - Observed mildew build-up inside ice machine. Please clean on a regular basis.

General Comments:

All temperature holding units were noted satisfactory.

Hand wash station was noted to be fully stocked with soap, paper towels and hot water.

Facility was observed to be in satisfactory operating condition.

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:

Dwonne Perkins

Susan Lee-Yang - REHS

Received By: _____

Agency Representative

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