



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> MRS. T'S SWEETS	<b>BUSINESS PHONE:</b> (559) 381-7490	<b>RECORD ID#:</b> PR0007151	<b>DATE:</b> May 05, 2011
<b>FACILITY SITE ADDRESS:</b> 702 W CORTNER ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> TAMMY L MORRISON	<b>CERTIFIED FOOD HANDLER:</b> TAMMY L MORRISON	<b>EXP DATE:</b> 8/8/2012	<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: None Noted

General Comments:

Hand wash station was stocked with hot water, soap, and paper towels.

Cold holding unit was noted at 37° F.

Caterer has section of reach-in unit which she stores her cold potentially hazardous foods.

The cold potentially hazardous foods are transported in ice chest.

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

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



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<b>FACILITY NAME:</b> MRS. T'S SWEETS	<b>BUSINESS PHONE:</b> (559) 381-7490	<b>RECORD ID#:</b> PR0007151	<b>DATE:</b> April 15, 2010
<b>FACILITY SITE ADDRESS:</b> 702 W CORTNER ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> TAMMY L MORRISON	<b>CERTIFIED FOOD HANDLER:</b> TAMMY L MORRISON	<b>EXP DATE:</b> 8/8/2012	<b>INSPECTOR:</b> Veronica Santa Cruz-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:

Operator is now operating out of Precious Thyme in Armona.

During today's inspection, the operator was preparing batter to make cupcakes, cookies, and cakes.

Operator had the three compartment sink ready to wash, rinse, and sanitize all dishes. The quat sanitizer in the three compartment sink measured at 200 ppm.

Currently, operator is purchasing ingredients to bake the pastries ordered and will be delivering all the pastries once they are finished baking.

Commissary will only provide cleaning and temporary cold holding while operate is operating.

<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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: \_\_\_\_\_

Veronica Santa Cruz-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> MRS T'S SWEETS	<b>BUSINESS PHONE:</b> (559) 584-3965Ext. 584-6267	<b>RECORD ID#:</b> PR0007151	<b>DATE:</b> September 15, 2009
<b>FACILITY SITE ADDRESS:</b> 729 W GRANGEVILLE BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> TAMMY L MORRISON	<b>CERTIFIED FOOD HANDLER:</b> TAMMY L.MORRISON	<b>EXP DATE:</b> 8/8/2012	<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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Facility is still in need of de-cluttering and organizing back storage room and both the walk-in's. This is the second notice given. Please de-clutter and clean as soon as possible to avoid dust accumulation and vermin infestation.

**General Comments:**

All cold food temperatures measured today were satisfactory.

Organize foods in the walk-in and separate deli meats and cheezes from other items stored in the walk-is.

Thank you.

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

Received By: \_\_\_\_\_

Yatee Patel - REHS

Agency Representative

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