



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> OAK WELLNESS CENTER	<b>BUSINESS PHONE:</b> (559) 582-4481Ext. 145	<b>RECORD ID#:</b> PR0008349	<b>DATE:</b> September 27, 2011
<b>FACILITY SITE ADDRESS:</b> 1393 BAILEY DR	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> OAK WELLNESS CENTER	<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: None Noted

General Comments:

Hand wash station has hot water, soap, and paper towels.

Refrigerator was noted at 40°F.

Kitchen 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

<b>FACILITY NAME:</b> KINGS VIEW SOCIAL DROP-IN	<b>BUSINESS PHONE:</b> (559) 582-4481Ext. 223	<b>RECORD ID#:</b> PR0006406	<b>DATE:</b> September 30, 2010
<b>FACILITY SITE ADDRESS:</b> 1393 BAILEY DR	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS VIEW COUNSELING SERVICES	<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: None Noted

General Comments:

Observed hand wash station with hot water, soap, and paper towels.

Refrigerator was noted at 36°F.

Only limited food preparation and prepackaged candies are permitted.

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

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> KINGS VIEW SOCIAL DROP-IN	<b>BUSINESS PHONE:</b> (559) 582-4481Ext. 223	<b>RECORD ID#:</b> PR0006406	<b>DATE:</b> September 04, 2009
<b>FACILITY SITE ADDRESS:</b> 1393 BAILEY DR	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS VIEW COUNSELING SERVICES	<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:

- Facility should do limited cooking due to lack of commercial equipment.
- Limit to only reheating canned foods, cold foods & prepping for BBQ grill outside.
- Handwash station was equipped with soap & paper towel.
- Monitor all cold holding units & limit foods to pre-packaged & non-potentially hazardous foods.
- 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:

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

Yatee Patel - REHS

Agency Representative

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