

FOOD SAFETY EVALUATION REPORT

KINGS COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL
HEALTH SERVICES



330 CAMPUS DRIVE
HANFORD, CA 93230
(559) 584-1411
FAX (559) 584-6040

BUSINESS NAME	2471 - Purified Water & Ice	DATE:	Feb 2 nd 2012
BUSINESS ADDRESS	2471 10 th Ave, Hfd	MAILING ADDRESS	same
OWNER/OPERATOR	Patrick Ryan	LIC #	4442 ID# -

* Bagged Ice labelled & ice-machine observed clean & well maintained.

* Handwashing station in the restroom was fully stocked.

* One ice cream / popicle ice chest well maintained.

Facility in good operating condition.

Thank you!

Inspector:

Yate Patel

YATE PATEL

Received by:

[Signature]



County of Kings - Department of Public Health

Environmental Health Services Division

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Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PURIFIED WATER & ICE	BUSINESS PHONE: (559) 587-9085	RECORD ID#: PR0004442	DATE: January 07, 2011
FACILITY SITE ADDRESS: 2471 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PATRICK D. RYAN	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: None Noted

General Comments:

Restroom facility was observed maintained in satisfactory condition.
Popsicle machine observed functional.

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: _____

Liliana Stransky - 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: PURIFIED WATER & ICE	BUSINESS PHONE: (559) 587-9085	RECORD ID#: PR0004442	DATE: December 23, 2009
FACILITY SITE ADDRESS: 2471 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PATRICK D. RYAN	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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:

Facility sells pre-packaged ice, ice cream, candies, and drinks.

All cold holding units were satisfactory at time of inspection.

Observed restroom well maintained and fully stocked with soap and paper towels.

Facility is in good operating condition.

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:

Patrick Ryan

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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