



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: SQUARE 8'S HALL	BUSINESS PHONE: (559) 582-5148	RECORD ID#: PR0000188	DATE: February 22, 2012
FACILITY SITE ADDRESS: 11555 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SQUARE 8'S HALL	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:

Observed hand washing station fully stocked with soap and paper towels. Hot water was also available. Refrigeration unit was holding at 35F.

Overall facility was observed 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:

Received By:

Liliana Stransky - REHS

Agency Representative

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



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: SQUARE 8'S HALL	BUSINESS PHONE: (559) 582-5148	RECORD ID#: PR0000188	DATE: February 15, 2011
FACILITY SITE ADDRESS: 11555 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SQUARE 8'S HALL	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:

Observed hand wash station stocked with soap and paper towel.

All cold holding units were noted below 41° F.

Facility is clean and well maintained.

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:

George R. Ochoa

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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



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: SQUARE 8'S HALL	BUSINESS PHONE: (559) 582-5148	RECORD ID#: PR0000188	DATE: February 24, 2009
FACILITY SITE ADDRESS: 11555 FARGO AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SQUARE 8'S HALL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: General cleaning needed around the facility. Floors, walls & ceilings need to be cleaned in the kitchen area. Wooden cutting table needs to be cleaned & sanitized before using.

General Comments:

Facility is used by square dancers or rented out to parties.
No hood is present at the facility. Facility cannot cook foods that will generate grease and smoke due to fire hazard.

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: 

Yatee Patel - REHS
Agency Representative

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