



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> SOCIEDADE DE SAO JOAO, INC. DBA ST. JOHN'S SOCIETY	<b>BUSINESS PHONE:</b> (559) 582-2429	<b>RECORD ID#:</b> PR0005625	<b>DATE:</b> February 14, 2012
<b>FACILITY SITE ADDRESS:</b> 8301 8 1/2 AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOCIEDADE DE SAO JOAO INC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:

Facility observed well maintained.  
Hand washing station observed stocked with soap and paper towels. Hot water was also available.  
Restroom facility was observed clean and well stocked.  
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: \_\_\_\_\_

*Liliana Stransky - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> ST JOHN'S SOCIETY	<b>BUSINESS PHONE:</b> (559) 582-2429	<b>RECORD ID#:</b> PR0005625	<b>DATE:</b> January 10, 2011
<b>FACILITY SITE ADDRESS:</b> 8301 8 1/2 AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOCIEDADE DE SAO JOAO INC	<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 and restroom stocked with hot water, soap, and paper towels.

Observed hood baffles clean and free of debris.

Facility is clean and well maintained.

<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:

*Yvonne B. Somers*

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

*Susan Lee-Yang - REHS*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> ST JOHN'S SOCIETY	<b>BUSINESS PHONE:</b> (559) 584-1369	<b>RECORD ID#:</b> PR0005625	<b>DATE:</b> December 03, 2009
<b>FACILITY SITE ADDRESS:</b> 8301 8 1/2 AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOCIEDADE DE SAO JOAO BAPTISTA	<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 restroom well maintained and stocked with soap and paper towels.

Observed hood baffles clean.

Facility is well maintained.

<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:

*Yosi Soares*

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

*Susan Lee-Yang - REHS*

Agency Representative

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