



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

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed interior of ice machine with mildew accumulation. Observed hood with accumulated grease. Thorough and detailed cleaning is required to prevent grease and debris accumulation. Chlorine sanitizer for dishwasher was noted at 0 ppm. Ensure chlorine sanitizer is at least 50 ppm at all times.

General Comments:

Observed restrooms well maintained. All hand wash stations had hot water, soap, and paper towels. All cold holding units were noted satisfactory at time of inspection. Please continue to focus on cleaning and organizing the facility. As a reminder, all employees must obtain a CA Food Handler Certificate no later than July 1, 2012. Operator is responsible to maintain copies on-site. Please fax copy of invoice for dishwasher service to our Department. Thank you!

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL. Reinspection Required: Yes: [] No: [X]. Reinspection Date (on or after): N/A. [] Potential Food Safety All Star.

Handwritten signature in blue ink.

Received By: _____

Susan Lee-Yang - 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: STAR CAFE	BUSINESS PHONE: (559) 584-7276	RECORD ID#: PR0000220	DATE: October 31, 2011
FACILITY SITE ADDRESS: 122 W SIXTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RATHA NOP	CERTIFIED FOOD HANDLER: RATHA NAP	EXP DATE: 10/3/2011	INSPECTOR: Luis Flores

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 FOOD HANDLING PRACTICES

[HSC 113961 - 113973]

Description/Corrective Action:

The facility owner was observed forming raw hamburger patties just prior to placement on the cook grill while also handling hamburger buns simultaneously for grilling. The facility owner was the cook and stated the formation of hamburger patties at the time of cooking was his standard practice. The owner was observed to perform handwashing at one point and he reported he was aware frequent handwashing was needed due to this food practice of hamburger patty preparation.

As a result of the observed practice, cross contamination is of concern and must be properly addressed. Either the patty preparation practice must change or an alternative method such as use of tongs is required when handling buns or bread used for toast.

General Comments:

No other violations were noted. All hot and cold food temperatures monitored meet regulatory requirement.

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:

Luis Flores

Agency Representative

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General Comments:

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RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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: _____

Luis Flores
Agency Representative

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