



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: STARBUCKS COFFEE #9457	BUSINESS PHONE: (559) 584-7798Ext. 647-3417	RECORD ID#: PR0006707	DATE: April 24, 2012
FACILITY SITE ADDRESS: 240 N 12TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: STARBUCKS #9457	CERTIFIED FOOD HANDLER: SUZANNE SCHNEIDER	EXP DATE: 11/7/2012	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:

Hand wash stations had hot water, soap, and paper towels.

All cold holding units were noted satisfactory.

Final rinse temperature for dishwasher was noted at 190 F.

All employees have current CA Food Handler Certificates.

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:

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: STARBUCKS COFFEE #9457	BUSINESS PHONE: (559) 584-7798Ext. 647-3417	RECORD ID#: PR0006707	DATE: April 14, 2011
FACILITY SITE ADDRESS: 240 N 12TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: STARBUCKS #9457	CERTIFIED FOOD HANDLER: SUZANNE SCHNEIDER	EXP DATE: 11/7/2012	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed interior of ice machine with mildew accumulation. Please clean equipment on regular basis to prevent accumulation.

General Comments:

- Observed hand wash stations with hot water, soap, and paper towels.
- All cold holding units were noted below 41°F.
- Final rinse temperature for dishwasher was noted at 191°F.
- QAC sanitizer bucket was noted at 200 ppm.
- Observed employees conducting proper hand washing procedures.
- Overall, facility is in good operating condition.

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

FACILITY NAME: STARBUCKS COFFEE #9457	BUSINESS PHONE: (559) 584-7798Ext. 647-3417	RECORD ID#: PR0006707	DATE: October 06, 2010
FACILITY SITE ADDRESS: 240 N 12TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: STARBUCKS #9457	CERTIFIED FOOD HANDLER: AMBER TRIMBLE	EXP DATE: 10/27/2010	INSPECTOR: Kimberly Marquez

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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed hand washing station's soap dispenser in front of store not working. Please fix as soon as possible.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action:

General Comments:

All cold holding units were noted at satisfactory temperature.

Overall, the food facility appeared in good operational condition.

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: _____

Kimberly Marquez

Agency Representative

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