



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: THE OLD HANFORD CANTINA	BUSINESS PHONE: (559) 582-9560	RECORD ID#: PR0000435	DATE: April 30, 2012
FACILITY SITE ADDRESS: 301 N DOUITY ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: STAN & EVA KWOLEK	CERTIFIED FOOD HANDLER: STAN KWOLEK	EXP DATE: 6/17/2016	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 HOT HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Beans measured 127°F on steam unit. Be sure all hot holding foods hold at least 135F or over and is re-heated before putting in the hot holding unit.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Clean ceilings and walls near food prep area and dishwasher area. Observed dirt & chipped paint.


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

Description/Corrective Action: Sanitizer level was measured 0 ppm of Chlorine in dishwasher Call Sysco immediately and call our department for an update. Use 3 Compartment sink in the mean time.

General Comments:

- Cold holding unit measured satisfactory.
- Be sure all employees have food handler card by July.
- Correct above violations immediately.

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> </u> N/A <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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: THE OLD HANFORD CANTINA	BUSINESS PHONE: (559) 582-9560	RECORD ID#: PR0000435	DATE: September 29, 2011
FACILITY SITE ADDRESS: 301 N DOUTY ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: STAN & EVA KWOLEK	CERTIFIED FOOD HANDLER: STAN KWOLEK	EXP DATE: 6/17/2016	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed food products inside walk-in refrigerator and dry storage products uncovered. Please ensure food products are covered to prevent possible contamination.

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

Description/Corrective Action: Observed hood baffles and kitchen walls in need of cleaning. Observed old dishes still present from the previous night. Observed mildew inside front ice machine. Please ensure thorough cleaning occurs to prevent accumulation and unwanted pests.

General Comments:

- Hand wash station had hot water, soap, and paper towels.
- Chicken, beef, and pork on the steam table were all noted above 135°F.
- All cold holding units were noted at or below 41°F.
- Observed bar area well maintained.
- Please correct today's noted violations to prevent further re-inspections.

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: _____
[Signature]

Susan Lee-Yang - REHS
Agency Representative

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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: UNNECESSARY ITEMS AND LITER (HSC 114257.1)

Description/Corrective Action: Observed front reach-in unit nonfunctional. Please remove unit out of facility if it will no longer be used.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed bowls used as scooping utensils. Please discontinue the use of bowls and replace with utensils that have handles.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed faucet of three compartment sink loose and leaking water. Also, the cold water handle is broken. Please replace faucet and handle.

Observed hood with debris accumulation and the kitchen walls in need of cleaning. Please clean on routine basis to avoid dust, grease, and food debris accumulation.

General Comments:

Restroom and hand wash station had hot water, soap, and paper towels.

Chicken, rice, and beans on the steam table were noted above 135° F.

All cold holding units were noted satisfactory at time of inspection.

Please correct today's noted violations to prevent further re-inspections and/or enforcements.

RESULTS OF EVALUATION: [] PASS [X] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Handwritten signature of the inspector.

Received By:

Susan Lee-Yang - REHS

Agency Representative

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