



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: TIM'S DONUTS	BUSINESS PHONE: (559) 585-1289Ext. 997-2330	RECORD ID#: PR0003871	DATE: May 17, 2011
FACILITY SITE ADDRESS: 2455 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAKHEAN MOUN	CERTIFIED FOOD HANDLER: SAKHEAN MOUN	EXP DATE: 2/1/2010	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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The current certified food handler certificate is expired. Operator stated he took the test last month. Please forward a copy of the certificate to our Department as soon as possible.

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

Description/Corrective Action: Observed pipe beneath 2-compartment sink leaking water. Please repair/replace pipe.

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

Description/Corrective Action: Observed floor drain with trash and debris accumulation. Observed storage bins, lids, and utensils in need of cleaning. Please establish routine cleaning schedule to ensure all equipments are thoroughly cleaned.

General Comments:

Observed hand wash station and restroom stocked with soap and paper towels.

All cold holding units were noted satisfactory.

Thank you!

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): N/A
	<input type="checkbox"/> 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: TIM'S DONUTS	BUSINESS PHONE: (559) 585-1289Ext. 997-2330	RECORD ID#: PR0003871	DATE: November 08, 2010
FACILITY SITE ADDRESS: 2455 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: SAKHEAN MOUN	CERTIFIED FOOD HANDLER: SAKHEAN MOUN	EXP DATE: 2/1/2010	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: None Noted

General Comments:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection. The following was noted during today's inspection:

Facility was clean and organized all personal belongings were separated from store use. Thank you and keep up the good work by keeping a daily cleaning routine.

Operator Sakhean Moun attended a food handler class on 10-19-10 at Fresno Adult School to renew certificate. Please notify Environmental Health Department when certificate arrives. 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:

Received By: _____

Kimberly Marquez

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TIM'S DONUTS	BUSINESS PHONE: (559) 585-1289Ext. 997-2330	RECORD ID#: PR0003871	DATE: October 06, 2010
FACILITY SITE ADDRESS: 2455 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAKHEAN MOUN	CERTIFIED FOOD HANDLER: SAKHEAN MOUN	EXP DATE: 2/1/2010	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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Renew the expired food handlers certification and provide proof to the Department within 30 days.

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

Description/Corrective Action: General housekeeping needs improvement, including walls, floors and equipment.

Please maintain a routine cleaning schedule to reduce build up debris on floors in the back storage area.

Please separate personal belongings from products sold to customers.

General Comments:

A re-inspection will be performed at no charge to verify compliance with today's noted violations. Should additional re-inspections be required, the facility will be assessed \$220 per inspection. Re-inspection will be performed on or after October 20, 2010 to verify violations are fixed.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	Reinspection Date (on or after): <u>10/20/2010</u> <input type="checkbox"/> Potential Food Safety All Star:

Kimberly Marquez

Received By: _____

Kimberly Marquez
Agency Representative

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