



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: MCDONALDS	BUSINESS PHONE: (559) 386-0406	RECORD ID#: PR0000428	DATE: July 26, 2011
FACILITY SITE ADDRESS: 27513 WARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JIM ABBATE	CERTIFIED FOOD HANDLER: ROBERTO LOPEZ	EXP DATE: 6/9/2016	INSPECTOR: Lee Johnson - 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 HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

Description/Corrective Action: An employee was observed loading the grill with raw frozen beef patties using bare hands without washing hands immediately after. Please review with all staff the importance of washing hands immediately after bare hand contact with raw meat.

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

Description/Corrective Action: Please mount paper towels into their wall dispensers. Facility ran out of towels for their dispenser and is using a loose roll at the rear sink. No roll was available at the front sink. Please provide appropriate paper towels to all hand sinks.

General Comments:

All hot and cold holding temperatures and all cooking temperatures checked today were satisfactory. Adequate sanitizer levels were present in buckets, and active and ongoing cleaning of the facility was occurring throughout the inspection. 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): <u> </u> N/A <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Lee Johnson - 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: MCDONALDS	BUSINESS PHONE: (559) 386-0406	RECORD ID#: PR0000428	DATE: November 17, 2010
FACILITY SITE ADDRESS: 27513 WARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JIM ABBATE	CERTIFIED FOOD HANDLER: ARMANDO ENRIQUEZ	EXP DATE: 4/23/2015	INSPECTOR: Lee Johnson - 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 COOKING TEMPERATURES [HSC 114004 - 114012]

Description/Corrective Action: The left side of the #2 clamshell unit was noted to be undercooking the quarter pound patties. Temperatures ranged from 150-153F. Manager shut down this unit and contacted maintenance for repair. Do not use this unit until it can consistently cook all burgers to 155F for 15 seconds or 157F instantaneously. This unit was checked this morning by staff (10:00) and cooked to 160+ according to records. All hot holding temperatures checked during inspection were satisfactory.

General Comments:

All cold temperatures checked today were satisfactory. All hand sinks were fully stocked. Store is generally cleaned and well maintained. Walk-in flooring has been repaired.

Please call our office when the clamshell unit has been repaired.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Armando Enriquez

Lee Johnson - REHS

Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MCDONALDS	BUSINESS PHONE: (559) 386-0406	RECORD ID#: PR0000428	DATE: May 11, 2010
FACILITY SITE ADDRESS: 27513 WARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JIM ABBATE	CERTIFIED FOOD HANDLER: CHRIS REEVES	EXP DATE: 4/23/2013	INSPECTOR: Troy Hommerding-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: Refrigeration walk-in unit flooring is split and popping up. Please repair.

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

Description/Corrective Action: handwash sink at the drive thru station was noted out of paper towels. This was corrected during today's inspection.

General Comments:

Restroom was noted clean during today's inspection. This facility cleans the restrooms in the morning and the attached Chevron store maintains the restrooms the rest of the day. Soap, and warm water were noted today, air blower was noted functioning properly.

All refrigeration temperatures were measured at or below 41°F.

All hot holding temperatures were above 135°F.

Q/A log book appeared to be properly filled out. This facility is using a digital tip sensitive thermometer for monitoring cooking, and hot holding temperatures.

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:

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Troy Hommerding-REHS

Received By: _____

Agency Representative

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