



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: QUIZNO'S #3413	BUSINESS PHONE: (559) 386-0023	RECORD ID#: PR0006352	DATE: May 06, 2010
FACILITY SITE ADDRESS: 27627 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUKHVINDER SANDHU	CERTIFIED FOOD HANDLER: S. SANDHU	EXP DATE: 7/7/2012	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: RESTROOM FACILITIES NOT MAINTAINED

[HSC 114250 & 114276]

Description/Corrective Action: Please provide hand soap to men's and women's restrooms.

General Comments:

All hot and cold temperatures checked today were satisfactory.

All hand sinks in the kitchen were fully stocked.

Sanitizer levels were appropriate.

Thank you.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Lee Johnson

Lee Johnson - REHS

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: QUIZNO'S #3413	BUSINESS PHONE: (559) 386-0023	RECORD ID#: PR0006352	DATE: December 14, 2009
FACILITY SITE ADDRESS: 27627 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUKHVINDER SANDHU	CERTIFIED FOOD HANDLER: S. SANDHU	EXP DATE: 7/7/2012	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: None Noted

General Comments:

All hot and cold temperatures were satisfactory. All sinks were fully stocked. Facility is clean and well maintained. Men's restroom is in need of cleaning and the soap dispenser needs to be refilled. Restrooms are the responsibility of the adjacent Kwik Stop. Kwik Stop employee states he will take care of these issues.

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:

Sukhvinder Sandhu

Received By: _____

Lee Johnson - REHS

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: QUIZNO'S #3413	BUSINESS PHONE: (559) 386-0023	RECORD ID#: PR0006352	DATE: May 14, 2009
FACILITY SITE ADDRESS: 27627 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUKHVINDER SANDHU	CERTIFIED FOOD HANDLER: S. SANDHU	EXP DATE: 10/15/2008	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: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]
Description/Corrective Action: Please provide a thermometer to each prep refrigerator.

General Comments:

All hot and cold temperatures checked today were satisfactory (<41 or >135F). The facility is clean & well-maintained.

A digital probe thermometer was provided today by our office to replace the existing dial face. Please use daily to check internal hot & cold food temperatures. If you document temperatures daily on a log (provided) you may be eligible for a "Food Safety All-Star" award from our office.

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:

Sukhvinder K. Sandhu

Lee Johnson - REHS

Received By: _____

Agency Representative _____

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