



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

<b>FACILITY NAME:</b> STARBUCKS	<b>BUSINESS PHONE:</b> (661) 204-7988	<b>RECORD ID#:</b> PR0007118	<b>DATE:</b> April 10, 2009
<b>FACILITY SITE ADDRESS:</b> 33300 BERNARD DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CHHUY K CHAO	<b>CERTIFIED FOOD HANDLER:</b> MICHELLE JARRELL	<b>EXP DATE:</b> 10/26/2012	<b>INSPECTOR:</b> 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Please clean the floor in the back room beneath the equipment regularly.

General Comments:

All cold temps checked were satisfactory. No hot holding is occurring. Thank you.

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

*Kathy McLoay*

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

<b>FACILITY NAME:</b> STARBUCKS	<b>BUSINESS PHONE:</b> (661) 204-7988	<b>RECORD ID#:</b> PR0007118	<b>DATE:</b> April 07, 2008
<b>FACILITY SITE ADDRESS:</b> 33300 BERNARD DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CHHOY K CHAO	<b>CERTIFIED FOOD HANDLER:</b> GARY VIEIRA	<b>EXP DATE:</b> 5/18/2011	<b>INSPECTOR:</b> Lee Johnson

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

**Description/Corrective Action:**

**General Comments:**

All cold holding temperatures checked today were 41 F or below. All hand wash sinks were fully stocked. No hot holding or cooking is occurring (warming of refrigerated sandwiches only). Thank you.

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

*Mehelle Jensen*  
\_\_\_\_\_  
Signature:

*Lee Johnson*  
\_\_\_\_\_  
Environmental Health Officer

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> STARBUCKS	<b>BUSINESS PHONE:</b> (661) 204-7988	<b>RECORD ID#:</b> PR0007118	<b>DATE:</b> September 10, 2007
<b>FACILITY SITE ADDRESS:</b> 33300 BERNARD DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CHHOY K CHAO	<b>CERTIFIED FOOD HANDLER:</b> GARY VIEIRA	<b>EXP DATE:</b> 5/18/2011	<b>INSPECTOR:</b> Lee Johnson

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 COLD HOLDING TEMPERATURE(S) [HSC 113996]  
**Description/Corrective Action:** Drive-thru refrigerator temperature measured 43F. Please adjust to maintain 41 For less at all times.
- Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]  
**Description/Corrective Action:** The drive thru dipper well flow was turned off. Please ensure water is running when the well is occupied.
- Violation:** FACILITY DOES NOT HAVE A VALID PERMIT [HSC 114381 (a)]  
**Description/Corrective Action:** This facility opened 9/7/07. Construction inspection occurred 8/21 with no deficiencies. The required Food Vending Permit fees have not been paid. The facility is thus operating without the required permit. Our office must receive complete and total payment, or evidence of payment, of all outstanding fees by 5:00 p.m. today. Failure to make payment by that time will result in immediate closure of the facility by our office for lack of permit.

**General Comments:**

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

*Gary Vieira*  
 \_\_\_\_\_  
 Signature:

*Lee Johnson*  
 \_\_\_\_\_  
 Environmental Health Officer

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