



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> CHUBBY'S DINER	<b>BUSINESS PHONE:</b> (559) 925-8889	<b>RECORD ID#:</b> PR0006740	<b>DATE:</b> July 26, 2011
<b>FACILITY SITE ADDRESS:</b> 855 N LEMOORE AVE 170	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> DENNY YUEN	<b>CERTIFIED FOOD HANDLER:</b> HUGO C. VARGAS	<b>EXP DATE:</b> 8/29/2014	<b>INSPECTOR:</b> Veronica Santa Cruz-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:

Hand wash stations were stocked with soap, paper towels, and hot water.  
All cold holding units measured at or below 41°F.  
The chlorine mechanical dishwasher measured above 50 ppm.

The facility has improved a great deal in cleanliness; however, please don't forget to clean underneath equipment and underneath shelves in the dry storage area.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Denny Yuen*

Veronica Santa Cruz-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**

<b>FACILITY NAME:</b> CHUBBY'S DINER	<b>BUSINESS PHONE:</b> (559) 925-8889	<b>RECORD ID#:</b> PR0006740	<b>DATE:</b> January 27, 2011
<b>FACILITY SITE ADDRESS:</b> 855 N LEMOORE AVE 170	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> DENNY YUEN	<b>CERTIFIED FOOD HANDLER:</b> DENNY TAK WAN YUEN	<b>EXP DATE:</b> 2/23/2011	<b>INSPECTOR:</b> Veronica Santa Cruz-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 HOLDING OF RAW SHELL EGGS [HSC 114373]

**Description/Corrective Action:** Observed raw eggs being stored directly across from the facility's stove. The cook was told during the inspection to remove eggs from a cold holding unit as he needed to prepare them.  
Eggs must be stored at or below 45°F.

**General Comments:**

Hand wash stations and restrooms were stocked with soap, paper towels, and hot water.  
Cold holding units measured at or below 41°F.  
Mechanical dishwasher's chlorine sanitizer level measured above 50 ppm.

The facility has improved in cleanliness. Please keep up with the routine cleaning of the facility, thank you.

Just as a reminder, the managers food handler certificate will expire in February. Therefore, please renew this certification by attending a class and taking the examination. Once the certificate is obtained ,please submit a copy to our department.

<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:

*Kerry Sundler*

Veronica Santa Cruz-REHS

Received By: \_\_\_\_\_

Agency Representative

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<b>FACILITY NAME:</b> CHUBBY'S DINER	<b>BUSINESS PHONE:</b> (559) 925-8889	<b>RECORD ID#:</b> PR0006740	<b>DATE:</b> August 31, 2010
<b>FACILITY SITE ADDRESS:</b> 855 N LEMOORE AVE 170	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> DENNY YUEN	<b>CERTIFIED FOOD HANDLER:</b> DENNY TAK WAN YUEN	<b>EXP DATE:</b> 2/23/2011	<b>INSPECTOR:</b> Veronica Santa Cruz-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:

This re-inspection took place to determine if the facility corrected the noted violations noted on the facility's last routine inspection.

During today's re-inspection, it was observed that the facility did improve in cleaning the kitchen area. However, the floor of the dry storage area needs to be thoroughly cleaned. The shelves of the dry storage area need to be moved and cleaned often. Make sure to set-up a cleaning schedule, so that the facility is always well maintained. Also, it was noted that the dipper well is no longer being used to store utensils.

Thank you for working on correcting the noted violations from the facility's last routine inspection.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

CESAR C.

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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