



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: CHUBBY'S DINER	BUSINESS PHONE: (559) 925-8889	RECORD ID#: PR0006740	DATE: January 28, 2010
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 170	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DENNY YUEN	CERTIFIED FOOD HANDLER: DENNY TAK WAN YUEN	EXP DATE: 2/23/2011	INSPECTOR: 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed utensils being stored in the dipper well. Utensils should not be stored in the dipper well since the dipper well is designed to keep ice cream scoops from being contaminated while in use.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed raw meat and eggs being stored directly next to vegetables and ready to eat foods in the walk-in refrigerator. All raw meat and eggs should be stored in the bottom of the shelves in the walk-in unit to avoid cross contamination with ready to eat foods.

Violation: IMPROPER REHEATING PROCEDURES FOR HOT HOLDING [HSC 114016]

Description/Corrective Action: Observed an employee reheating gravy on a steam table. The proper way to reheat food is by either reheating food on a stove or in the microwave. Make sure when food is reheated, the food temperature must reach 165°F. A steam table is designed to only keep hot foods hot.

General Comments:

Cold holding units measured at 41°F.
Handwash stations were stocked with soap, paper towels, and hot water.
The dishwashers quat sanitizer measured at 200 ppm.

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:

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

FACILITY NAME: CHUBBY'S DINER	BUSINESS PHONE: (559) 925-8889	RECORD ID#: PR0006740	DATE: July 31, 2009
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 170	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DENNY YUEN	CERTIFIED FOOD HANDLER: DENNY TAK	EXP DATE: 2/23/2009	INSPECTOR: Veronica Santa Cruz

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: Women's restroom does not have hot water. Please fix restroom, so that restroom has hot water.

General Comments:
Cold holding units measured at or below 41°F.
Soups measured at 156°F or above.
All handwash stations were equipped with soap, paper towels, and hot water.
The chlorine dishwasher sanitizer measured at 100 ppm.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Mary Yuen

Received By: _____

Veronica Santa Cruz
Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CHUBBY'S DINER	BUSINESS PHONE: (559) 925-8889	RECORD ID#: PR0006740	DATE: January 16, 2009
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 170	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: DENNY YUEN	CERTIFIED FOOD HANDLER: DENNY TAK	EXP DATE: 2/23/2009	INSPECTOR: Susan Lee-Yang

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:

Observed all previous noted violations in compliance.

Remember to check dishwasher sanitizer on a daily basis.

Overall, facility is in good operating condition.

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:

Mary Yuen

Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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