



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: ME-N-ED'S PIZZA	BUSINESS PHONE: (559) 924-3484	RECORD ID#: PR0000244	DATE: December 22, 2011
FACILITY SITE ADDRESS: 1290 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD HANDLER: DONNA KISER	EXP DATE: 10/25/2013	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: The hand wash station in the food prep area drains water rather slowly and as a result, a plumber should be called out to resolve the issue.
 Also, the last women's restroom faucet at the hand wash sin is loose and should be tightened.

Violation: IMPROPER FOOD HANDLING PRACTICES [HSC 113961 - 113973]

Description/Corrective Action: Observed an employee drinking a beverage near the food prep area. This employee then proceeded to handle pizza dough without washing their hands.
 Employees should consume food and beverages where food prep does not occur and wash their hands after doing so.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The ambient temperature of the walk-in refrigerator measured between 45-46°F. All cold holding units storing potentially hazardous foods must measure at or below 41°F.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.

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

Received By: _____

Veronica Santa Cruz-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: ME-N-ED'S PIZZA	BUSINESS PHONE: (559) 924-3484	RECORD ID#: PR0000244	DATE: May 18, 2011
FACILITY SITE ADDRESS: 1290 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD HANDLER: DONNA KISER	EXP DATE: 10/25/2013	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 flour and crumbs behind the dough barrels throughout the facility. Please make sure to clean all food debris daily, which includes the kitchen floors and cupboards.

General Comments:

The facility's cold holding units measured at or below 41°F.
Hand wash sinks were stocked with soap, paper towels, and hot water.
Proper food storage was observed in the walk-in unit.
If this facility were to log final cooking temperatures as well as the cold holding temperatures on a daily basis, this facility could be nominated for our department's Food Safety All-Star Award.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ME-N-ED'S PIZZA	BUSINESS PHONE: (559) 924-3484	RECORD ID#: PR0000244	DATE: September 22, 2010
FACILITY SITE ADDRESS: 1290 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD HANDLER: DONNA KISER	EXP DATE: 11/10/2010	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: The cupboards where the pizza cardboard boxes are stored need to be cleaned thoroughly to avoid an accumulation of food debris.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The east men's restroom was observed to not have water; however, the men's west room did.
The women's west restroom made an obnoxious noise when the hot water was turned on but the women's east restroom functioned properly when the hot was turned on. Please have someone repair the east men's restroom and west women's restroom as soon as possible. Meanwhile, have employees use the restrooms that are working correctly.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
Cold holding units measured below 41°F.

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