



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: ROCKY'S DONUT HOUSE	BUSINESS PHONE: (559) 924-7141	RECORD ID#: PR0000418	DATE: December 20, 2011
FACILITY SITE ADDRESS: 254 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HUOR HENG	CERTIFIED FOOD HANDLER: HUOR HENG	EXP DATE: 2/26/2014	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: None Noted

General Comments:

Hand wash station was 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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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: ROCKY'S DONUT HOUSE	BUSINESS PHONE: (559) 924-7141	RECORD ID#: PR0000418	DATE: June 27, 2011
FACILITY SITE ADDRESS: 254 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HUOR HENG	CERTIFIED FOOD HANDLER: HUOR HENG	EXP DATE: 2/26/2014	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: Two pipes next to the door leading to the restrooms must be properly capped. Also, please install a shatterproof light cover for the back storage area.

The ceiling near the three compartment sink must be properly repaired to not allow leaks.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Observed sticky fly traps hanging from the ceiling in the baking area. These traps were removed by the operator during the inspection. To help control flies within the facility, the owner may install air curtains at the entrances of the facility or uv fly traps.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed the facility's hand wash station with utensils and dishes. All utensils and dishes must be washed in the three compartment sink. The hand wash sink must be kept clear of utensils so that one may be able to wash their hands.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
Cold holding units measured at satisfactory temperatures.

Facility began selling bacon croissant sandwiches; however, the facility does not have a proper grease bin to dispose of the bacon grease. This facility cannot sell then type of croissants until approval is obtained from our department.

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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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ROCKY'S DONUT HOUSE	BUSINESS PHONE: (559) 924-7141	RECORD ID#: PR0000418	DATE: October 28, 2010
FACILITY SITE ADDRESS: 254 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HUOR HENG	CERTIFIED FOOD HANDLER: HUOR HENG	EXP DATE: 2/26/2014	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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The reach-in cold holding unit located in the prep area measured at 48°F. Please monitor this unit and adjust it so that it measures at or below 41° F.

General Comments:

Restrooms and hand wash station were stocked with soap, paper towels, and hot water. Facility was observed to be well maintained.

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:

Received By: _____

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