



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: SAIGON PHO & ROLLS	BUSINESS PHONE: (559) 925-7959	RECORD ID#: PR0006566	DATE: February 23, 2012
FACILITY SITE ADDRESS: 405 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: YING DUAN ZHAO	CERTIFIED FOOD HANDLER: YING DUAN ZHAO	EXP DATE: 4/18/2016	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: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

Description/Corrective Action: Currently, the facility does not have a digital tip thermometer to probe food that is cooked or hot holding on the steam table. This facility must acquire a digital tip thermometer as soon as possible.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: Equipment that is used to cook food must be placed underneath the hood in the kitchen. Any equipment that does not fit under the hood must be removed.

Small children should not be near the kitchen area of the facility. Should children need to be cared for at the facility, please make sure to keep them in an area away from food is being prepared.

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

Description/Corrective Action: The prep cold holding unit that is adjacent to the facility's stove measured at 45F. Please monitor this unit and if the unit does not measure at or below 41F, the unit must be serviced.

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

Description/Corrective Action: The facility recently installed a steam table; however, three food items didn't measure at or above 135F during today's inspection. The three food items were reheated since according to the operator, the food items had been placed in the unit less than one hour ago.

All three food items measure between 80-90F. As a reminder, foods should not be reheated on a steam table but must be reheated to 165F on the stove or in a microwave.

General Comments:

This reinspection took place to ensure the facility had corrected the violations that were noted on the December 16, 2012 inspection report. During today's inspection, the facility was noted to be much cleaner and food products were observed to be stored properly. However, please make sure all food products are stored six inches above the ground.

As a reminder, all employees must wash their hands at the handwash sink with warm water and soap prior to handling food or changing tasks.

At this time, the facility has corrected the noted violations that were written in the December 2011 inspection report; however, the facility must correct today's noted violations in a timely manner.

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



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RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By: _____

Veronica Santa Cruz-REHS

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SAIGON PHO & ROLLS	BUSINESS PHONE: (559) 925-7959	RECORD ID#: PR0006566	DATE: December 16, 2011
FACILITY SITE ADDRESS: 405 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: YING DUAN ZHAO	CERTIFIED FOOD HANDLER: YING DUAN ZHAO	EXP DATE: 4/18/2016	INSPECTOR: Veronica Santa Cruz-REHS

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Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The cleanliness and organization of the facility must improve. The floor sinks, walls, and floors are in need of routine cleaning. The backroom area where equipment and dry goods are stored must be organized. This area was observed in disarray.

A noncommercial refrigerator was placed in the facility to store produce items and beverages. Please note that this refrigerator must be placed with a commercial NSF approved refrigerator. Any refrigerators or freezers that are bought into the facility must be commercial grade equipment.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The quaternary ammonia sanitizer in three compartment sink measured below 100 ppm. The sanitizer in the three compartment sink must measure at 200 ppm for quaternary ammonia sanitizer.

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

Description/Corrective Action: Observed a bucket of uncooked uncovered noodles directly on the floor. Please remember that all food items must be kept six inches off the ground and covered.

Raw meat was observed being stored directly above fresh greens. Please note that raw meat must be stored underneath or away from ready to eat foods.

Violation: IMPROPER THAWING OF FROZEN FOODS [HSC 114020]

Description/Corrective Action: Raw meat was observed being thawed in ambient temperature. The proper way to thaw frozen food is to run it through cool running water, in the microwave, in a refrigerator, or during the cooking process.

General Comments:

As a result of what was observed during today's inspection, a re-inspection will occur on or after January 16, 2012 to ensure the noted violations have been corrected. The re-inspection will be free of charge; however, should subsequent re-inspections be needed to obtain compliance, the facility will be billed \$220 per inspection.

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RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): <u>1/16/2012</u> <input type="checkbox"/> Potential Food Safety All Star:
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Veronica Santa Cruz-REHS

Received By: _____

Agency Representative

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