



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: DONUT COUNTRY (ARM)	BUSINESS PHONE: (559) 582-8929	RECORD ID#: PR0000146	DATE: September 09, 2009
FACILITY SITE ADDRESS: 10721 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHOMNITH SEN	CERTIFIED FOOD HANDLER: SARIM SUY	EXP DATE: 10/15/2010	INSPECTOR: Susan Lee-Yang - 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed handles of equipments (scooper) with accumulated food debris. Please clean all equipments thoroughly and regularly to prevent accumulation.

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

Description/Corrective Action: Observed faucet of handwash station and restroom handwash station with water leak. Please repair/replace faucet to prevent water leak.

General Comments:

Observed restroom and handwash stations fully stocked with soap and paper towels.

Reach-in refrigerator was noted at 41°F.

Observed all dried products (four, sugar) covered and off the ground.

Facility is in satisfactory operating procedure.

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: _____

Susan Lee-Yang - 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: DONUT COUNTRY (ARM)	BUSINESS PHONE: (559) 582-8929	RECORD ID#: PR0000146	DATE: September 10, 2008
FACILITY SITE ADDRESS: 10721 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHOMNITH SEN	CERTIFIED FOOD HANDLER: SARIM SUY	EXP DATE: 10/15/2010	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:

- Reach-in unit storing dairy products measured at 41° F.
- Observed hand wash station fully stocked with soap and paper towels.
- Observed all dry products (flour, sugar) stored off the ground at a minimum of six inches.
- Observed all dry products in storage containers labeled.
- Overall, facility is in good operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang

Environmental Health Specialist

Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DONUT COUNTRY (ARM)	BUSINESS PHONE: (559) 582-8929	RECORD ID#: PR0000146	DATE: August 30, 2007
FACILITY SITE ADDRESS: 10721 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHOMNITH SEN	CERTIFIED FOOD HANDLER: SARIM SUY	EXP DATE: 10/15/2008	INSPECTOR: Raymond Cooke

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: Remove utensil with the broken handle from the drawer on the prep table or replace the handle. Owner stated that the utensil is not used.

General Comments:
Cold temperatures were good.
Hand wash sinks were stocked.

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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Sarim Suy

Signature: _____

Raymond Cooke

Environmental Health Officer

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