



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: PIZZA KING	BUSINESS PHONE: (559) 584-3341	RECORD ID#: PR0000270	DATE: November 17, 2011
FACILITY SITE ADDRESS: 10668 14th AVE 101	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMRIK SINGH	CERTIFIED FOOD HANDLER: GURINDER SINGH	EXP DATE: 5/19/2016	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The hood baffles were observed to be accumulated with grease. Please have the hood professionally cleaned.

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

Description/Corrective Action: The facility did not have any sanitizer available during this inspection. Some form of sanitizer (bleach or quaternary ammonia) must be available to sanitize surfaces, equipment, and utensils.

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

Description/Corrective Action: The facility's stand-up refrigeration unit measured at 48°F. This unit 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 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:
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Amrik Singh

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: PIZZA KING	BUSINESS PHONE: (559) 584-3341	RECORD ID#: PR0000270	DATE: April 14, 2011
FACILITY SITE ADDRESS: 13992 ADA ST 202	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMRIK SINGH	CERTIFIED FOOD HANDLER: IRENE DILLON	EXP DATE: 4/28/2011	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: The dough mixer was observed with dried up dough. Please remember to clean all of your equipment after every use.

The restroom sink is detaching from the wall. Please reseal the sink to the wall.

A wooden cutting was observed being used to aid in slicing pizza. Please use an easily cleanable cutting board, such as a plastic cutting board and discontinue using the wooden cutting board.

The hood baffles are in need of cleaning. Please routinely clean the hood filters.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
All cold holding units measured at or below 41 °F.

Just as a reminder, the certified food handler for this facility will be expiring at the end of this month. According to the owner, someone from the is scheduled to take the exam in May. When the certified food handler certificate is obtained, please submit a copy to our department.

Central Grease Inc. is servicing this facility's grease trap.

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:

Amrik Singh

Received By:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PIZZA KING	BUSINESS PHONE: (559) 584-3341	RECORD ID#: PR0000270	DATE: October 04, 2010
FACILITY SITE ADDRESS: 13992 ADA ST 202	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMRIK SINGH	CERTIFIED FOOD HANDLER: IRENE DILLON	EXP DATE: 4/28/2011	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: The dough machine was once again observed to have accumulated dough from prior usage. The operator was told during the last inspection report to clean all equipments after each use. Please clean all equipments/facility regularly.

The hood baffles for the deep fryer were observed to have accumulated grease. Please routinely clean the hood baffles.

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

Description/Corrective Action: The reach-in prep cold holding unit measured between 48-50° F. All cold holding units storing potentially hazardous foods must measure at or below 41° F. Please adjust and/or replace this unit.

General Comments:

During this inspection, the owner indicated that the business will be moving locations by next month. According to the owner, all of the equipment used at the current location will be moved to the new location.

Make sure to notify our department when the new facility is ready to open. A construction/equipment inspection must occur prior to the new facility opening.

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

David L. Khan

Veronica Santa Cruz-REHS

Received By: _____

Agency Representative

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