



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: PRECIOUS THYME	BUSINESS PHONE: (559) 587-9839	RECORD ID#: PR0006633	DATE: May 21, 2009
FACILITY SITE ADDRESS: 10721 14TH AVE A	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KIM BROOMFIELD	CERTIFIED FOOD HANDLER: KIM BROOMFIELD	EXP DATE: 8/10/2010	INSPECTOR: Veronica Santa Cruz

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:

Facility's cold holding units measured at or below 41°F . Hand wash station, as well as the restroom had stocked soap, paper towels, and hot water. Overall, facility is in good operating condition.

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:

Susan Mon

Received By: _____

Veronica Santa Cruz

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PRECIOUS THYME	BUSINESS PHONE: (559) 587-9839	RECORD ID#: PR0006633	DATE: May 22, 2008
FACILITY SITE ADDRESS: 10721 14TH AVE A	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KIM BROOMFIELD	CERTIFIED FOOD HANDLER: KIM BROOMFIELD	EXP DATE: 8/10/2008	INSPECTOR: Susan Lee

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

Description/Corrective Action:

General Comments:

All hand wash facilities were stocked with soap and paper towels.
All cold food temperatures measured today were satisfactory.
Overall, the food facility appeared in satisfactory operational condition.

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:

Kmy

Signature: _____

Susan Lee

Environmental Health Officer

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PRECIOUS THYME	BUSINESS PHONE: (559) 587-9839	RECORD ID#: PR0006633	DATE: March 14, 2007
FACILITY SITE ADDRESS: 10721 14TH AVE A	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSPEC
OWNER NAME: KIM BROOMFIELD	CERTIFIED FOOD HANDLER: KIM BROOMFIELD	EXP DATE: 08/10/2008	INSPECTOR: Troy Hommerding

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

Description/Corrective Action:

General Comments:

Today's inspection is an opening inspection. All equipment installed is NSF approved. All equipment is properly working. Refrigeration unit is holding at 38°F. Hood unit was passed by the K. C. Fire dept. today. Facility is ok to open.

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

thommy

Signature: _____

Troy Hommerding

Environmental Health Officer

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