



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: DEBBIE'S PLACE	BUSINESS PHONE: (559) 386-0477	RECORD ID#: PR0000510	DATE: November 29, 2011
FACILITY SITE ADDRESS: 429 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAVON TEAM	CERTIFIED FOOD HANDLER: Sovana H. Team	EXP DATE: 5/16/2013	INSPECTOR: Troy Hommerding-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: Prep refrigeration unit on the cooks line is not holding temperature, at this time only condiments are being held in this unit during the lunch rush. Please do not store items in this unit for longer than two hours. Do not store potentially hazardous foods in this unit, until it can be maintained at 41° or below.

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

Description/Corrective Action: Please clean the hood baffles, baffels were observed with excessive grease accumulation.

Violation: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

Description/Corrective Action: Digital thermometer did not function properly, battery was changed on site however the thremomter still did not function. Please obtain a new thermometer for monitoring hot and cold holding temperatures as well as cooking temperatures.

General Comments:

Restrooms were noted fully stocked today.

All other cold holding units measured at or below 41°F.

Please attend to the noted violations from today's inspection as soon as possible

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

Received By: _____

Troy Hommerding-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: DEBBIE'S PLACE	BUSINESS PHONE: (559) 386-0477	RECORD ID#: PR0000510	DATE: June 13, 2011
FACILITY SITE ADDRESS: 429 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAVON TEAM	CERTIFIED FOOD HANDLER: Sovana H. Team	EXP DATE: 5/16/2013	INSPECTOR: Lee Johnson - 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: Microwave was noted with food debris inside. Please clean regularly.

General Comments:

All hot and cold temperatures checked were satisfactory. Digital probe thermometer is on hand. Hand sinks are fully stocked.

Thank you.

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: _____

Lee Johnson - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DEBBIE'S PLACE	BUSINESS PHONE: (559) 386-0477	RECORD ID#: PR0000510	DATE: October 05, 2010
FACILITY SITE ADDRESS: 429 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAVON TEAM	CERTIFIED FOOD HANDLER: Sovana H. Team	EXP DATE: 5/16/2013	INSPECTOR: Troy Hommerding-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: Stand-up freezer unit is not working properly, all items have been removed from this unit. The top refrigeration unit is holding between 42-43F. Please have this unit checked out by a service person. The operator stated a service person has already been called. All other cold holding temperatures were below 41F.

General Comments:

Final cooking temperature of hamburger patties was checked today, three hamburger patties were measured above 180F.

Restrooms were noted fully stocked today.

Kitchen hand wash sink was noted fully stocked today.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Troy Hommerding-REHS

Received By:

Agency Representative

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