



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: March 03, 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 CLEANING OF UTENSILS AND EQUIPMENT

[HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: General housekeeping needs improvement around the kitchen area. Please clean around the deep fat fryer, ceiling and walls.

General Comments:

Restrooms were noted fully stocked.

All cold holding temperatures were measured at or below 41°F.

Final cooking temperatures of three hamburger patties were measured today. All were over 170°F.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DEBBIE'S PLACE	BUSINESS PHONE: (559) 386-0477	RECORD ID#: PR0000510	DATE: May 19, 2009
FACILITY SITE ADDRESS: 429 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAVON TEAM	CERTIFIED FOOD HANDLER: SAVON TEAM	EXP DATE: 7/29/2011	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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: General housekeeping, please clean floors in the kitchen, walls, surrounding equipment and bread storage area.

General Comments:

Restrooms were stocked today.

Cold holding temperatures were measured below 41°F.

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:

Troy Hommerding-REHS

Received By: _____

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DEBBIE'S PLACE	BUSINESS PHONE: (559) 386-0477	RECORD ID#: PR0000510	DATE: January 10, 2008
FACILITY SITE ADDRESS: 429 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAVON TEAM	CERTIFIED FOOD HANDLER: SAVON TEAM	EXP DATE: 7/29/2011	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Rodent poison the pellet type bait was observed. Please remove and discontinue using this type of rodent control. Please use sticky traps or call your pest control service.

Grease hood filters were observed with excessive grease accumulation, please clean.

The signature freezer unit lid is being held together with duct tape, either replace the lid with one that is not broken or replace the freezer unit with a new one.

General Comments:

Cold holding temperatures were measured below 41° F.

Hand wash sink was noted stocked.

Restroom's were (Men's / women's) fully stocked and clean.

Facility is using a digital probe thermometer.

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:

Signature:

Troy Hommerding
Environmental Health Officer

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