



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: PIONEER KITCHEN #2	BUSINESS PHONE: (559) 386-1875	RECORD ID#: PR0000360	DATE: September 22, 2009
FACILITY SITE ADDRESS: 1 KINGS WY	CITY: AVENAL	ZIP CODE: 930	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: OMAR IBRAHIM	CERTIFIED FOOD HANDLER: O. Ibrahim	EXP DATE: 9/5/2011	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 THAWING OF FROZEN FOODS [HSC 114020]

Description/Corrective Action: Chicken was noted thawing in a 5 gallon bucket of water in the sink. Thawing must occur in the refrigerator, in the microwave, or under cool running water. Thawing in stagnant water is not permitted.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The restroom lacked toilet paper. Please provide.

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

Description/Corrective Action: The left side of the cook line prep refrigerator measured 49F, and ice build up was noted inside the unit. Please service the unit so that it maintains 41F or less at all times.

Bacon was noted being stored at room temperature (measured 78F) on the cook line prior to cooking. Keep in refrigerator until ready to cook.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: A veggie patty was noted pre-heating in the microwave directly on the rotating microwave platter, which was dirty. All foods being microwaved should be placed on a plate, paper, or other clean and suitable surface, and not placed directly on the microwave turntable. Please clean turntable platter.

General Comments:

All other cold holding temperatures and all hot holding temperatures checked today were satisfactory. All hand wash stations were fully stocked. Product dating is in use at this facility.

Thank you.

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



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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:
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Alonzo Alvarez

Received By:

Lee Johnson - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PIONEER KITCHEN #2	BUSINESS PHONE: (559) 386-1875	RECORD ID#: PR0000360	DATE: March 20, 2009
FACILITY SITE ADDRESS: 1 KINGS WY	CITY: AVENAL	ZIP CODE: 930	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: OMAR IBRAHIM	CERTIFIED FOOD HANDLER: O. Ibrahim	EXP DATE: 9/5/2011	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The hole in the wall noted previously still remains and must be repaired.

General Comments:

Except as noted above all issues from the previous inspection have been corrected. (The malfunctioning refrigerators are still malfunctioning, but are now no longer used to store potentially hazardous foods. Do not use for PHFs until repaired). 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: PIONEER KITCHEN #2	BUSINESS PHONE: (559) 386-1875	RECORD ID#: PR0000360	DATE: February 09, 2009
FACILITY SITE ADDRESS: 1 KINGS WY	CITY: AVENAL	ZIP CODE: 930	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: OMAR IBRAHIM	CERTIFIED FOOD HANDLER: O. Ibrahim	EXP DATE: 9/5/2011	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Please patch hole in the wall near the entry to the serving line.

Violation: IMPROPER COOLING PROCEDURES [HSC 114002 & 114002.1]

Description/Corrective Action: Covered pans of hot food were noted cooling in the walk in. Please keep hot food that is cooling at least partially uncovered to allow heat to vent out. Once the food is cold it should then be covered.

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

Description/Corrective Action: The left side of the prep unit is non-functional, and foods are kept cold using ice. Discontinue use of this unit for holding cold foods until it can be replaced or repaired to hold foods at 41F or less at all times.

The right self-service Habco refrigerator measured 50F. Adjust thermostat so that it holds 41F or less at all times.

The large reach-in refrigerator measured 55F. This is acceptable for sodas and water, but not for items requiring refrigeration. These items were removed. Do not use this unit for potentially hazardous food until it holds temperature at or below 41F at all times.

General Comments:

All hot holding temperatures were appropriate. The facility is generally clean.

All handwash stations were fully stocked. Thank you.

Reinspection has been scheduled on or after March 9 to insure cold temperature issues have been resolved.

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OWNER NAME: OMAR IBRAHIM	CERTIFIED FOOD HANDLER: O. Ibrahim	EXP DATE: 9/5/2011	INSPECTOR: Lee Johnson - REHS

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RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): <u>3/9/2009</u> <input type="checkbox"/> Potential Food Safety All Star:
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Omar Ibrahim

Lee Johnson - REHS

Received By: _____

Environmental Health Specialist

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