



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

<b>FACILITY NAME:</b> PR'S DONUTS	<b>BUSINESS PHONE:</b> (559) 386-1179	<b>RECORD ID#:</b> PR0000654	<b>DATE:</b> January 05, 2012
<b>FACILITY SITE ADDRESS:</b> 936 SKYLINE BLVD A	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> NATH MEAS	<b>CERTIFIED FOOD HANDLER:</b> Nath Meas	<b>EXP DATE:</b> 11/20/2015	<b>INSPECTOR:</b> 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 HOT HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Orange chicken on the steam table measured at 120°F. Please ensure all hot held foods are maintained at no less than 135°F .

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

**Description/Corrective Action:** Two door stand up refrigeration unit was noted with old food debris on the inside bottom of the unit, please clean.

**General Comments:**

All cold holding temperatures were measured at or below 41°F. This facility does have a tip sensitive digital thermometer.

Employee restroom and handwash sinks were noted fully stocked today.

The facility did obtain a UV fly light with sticky pad for fly control, the handwash sink drain pipe was correct from the previous inspection, and the hood filters were noted in good condition today.

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

*NATH MEAS*

*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**

<b>FACILITY NAME:</b> PR'S DONUTS	<b>BUSINESS PHONE:</b> (559) 386-1179	<b>RECORD ID#:</b> PR0000654	<b>DATE:</b> July 13, 2011
<b>FACILITY SITE ADDRESS:</b> 936 SKYLINE BLVD A	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> NATH MEAS	<b>CERTIFIED FOOD HANDLER:</b> Nath Meas	<b>EXP DATE:</b> 11/20/2015	<b>INSPECTOR:</b> 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:** Grease hood baffle filters are in need of cleaning. Additionally, the grease catch cup is missing, please clean the hood baffle filters and replace the grease catch cup.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** A small leak was noted on the handwash sink drain pipe. Please repair.

**Violation:** IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

**Description/Corrective Action:** Numerous flies were noted in the building today. Please obtain fly control for the building. This department recommends using a UV fly light type fly trap. Please contact your pest control company.

**General Comments:**

Facility does have a tip sensitive digital thermometer.  
Handwash sink and employee restroom were both fully stocked today.  
Hot and cold holding temperatures were measured at the proper regulatory requirements.

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

*NATH MEAS*

*Troy Hommerding-REHS*

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> PR'S DONUTS	<b>BUSINESS PHONE:</b> (559) 386-1179	<b>RECORD ID#:</b> PR0000654	<b>DATE:</b> January 21, 2011
<b>FACILITY SITE ADDRESS:</b> 936 SKYLINE BLVD A	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> NATH MEAS	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Please keep all bulk food products (flour, sugar, etc.) covered at all times to help with pest control efforts. Please clean interior of reach in refrigerator to remove spillage.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Please repair the electrical conduit on the south exterior of the building so that electrical wires are not exposed.

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

**Description/Corrective Action:** Please provide paper towels to the restroom sink. None were available.

General Comments:

All hot and cold holding temperatures checked today were satisfactory. Nath Meas took the food safety certification test on 9/25/10 and is still awaiting results. Please fax a copy of your certificate to our office as soon as possible.

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

*Santay*

Received By: \_\_\_\_\_

*Lee Johnson - REHS*

Agency Representative

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