



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> TUMBLEWEEDS PIZZA	<b>BUSINESS PHONE:</b> (559) 386-5678	<b>RECORD ID#:</b> PR0005262	<b>DATE:</b> October 09, 2009
<b>FACILITY SITE ADDRESS:</b> 223 E KINGS ST	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JUAN CARLOS/ RODOLFO CONTRERAS	<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 provide light shields to ceiling fixtures to prevent bulb breakage.

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

**Description/Corrective Action:** Please provide liquid soap and paper towels to 3 compartment sink.

**General Comments:**

All cold temperatures were satisfactory. Thank you.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

Lee Johnson - REHS

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

Agency Representative

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



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<b>FACILITY NAME:</b> TUMBLEWEEDS PIZZA	<b>BUSINESS PHONE:</b> (559) 386-5678	<b>RECORD ID#:</b> PR0005262	<b>DATE:</b> March 24, 2009
<b>FACILITY SITE ADDRESS:</b> 223 E KINGS ST	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JUAN CARLOS/ RODOLFO CONTRERAS	<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:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** Please provide toilet paper to restroom.

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

**Description/Corrective Action:** Please provide paper towels to both hand sinks, and insure access to restroom sink.

**General Comments:**

All cold temps checked satisfactory today. No hot holding is occurring. Owners took food safety test 2/8/09. Please fax results to our office when available. Thank you.

<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:

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

Lee Johnson - REHS

Agency Representative

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<b>FACILITY NAME:</b> TUMBLEWEEDS PIZZA	<b>BUSINESS PHONE:</b> (559) 386-5678	<b>RECORD ID#:</b> PR0005262	<b>DATE:</b> August 14, 2008
<b>FACILITY SITE ADDRESS:</b> 223 E KINGS ST	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JUAN CARLOS/ RODOLFO CONTRERAS	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** Please take and pass the certified food handlers exam. Operator stated he will be taking the class at West Hills College shortly.

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

**Description/Corrective Action:** Please clean the dough roller, some pupa casing were noted around the bottom. The operator stated they clean this unit once a week. Please clean.

**General Comments:**

Hand wash sink in the kitchen area was noted well stocked today.

All cold holding temperatures were measured below 41°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

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

Environmental Health Specialist

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