



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> July 13, 2011
<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> JUAN CONTRERAS	<b>EXP DATE:</b> 2/13/2014	<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:** None Noted

**General Comments:**

Handwash sink was fully stocked today.  
Refrigeration temperatures were measured at or below 41°F.  
Employee restroom was fully stocked today.

<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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Troy Hommerding-REHS

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

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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> November 29, 2010
<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> JUAN CONTRERAS	<b>EXP DATE:</b> 2/13/2014	<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 store ice scoop in such a way that the handle does not contact the ice.

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

**Description/Corrective Action:** Please provide paper towels in the restroom.

**Violation:** IMPROPER REFUSE STORAGE OR DISPOSAL [HSC 114244-114245.8]

**Description/Corrective Action:** Please use trash bags in all trash cans. Also, remove accumulated recyclables or store in containers with tight fitting lids.

**General Comments:**

All hot and cold temperatures checked today were satisfactory. All meats are precooked prior to receipt.

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

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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> May 05, 2010
<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-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:** Shatter proof protective light cover must be provided on over head light in the kitchen area, this was noted on the previous inspection. Also, please finish the ceiling repair work.

**General Comments:**

The operator stated he will be installing a heat exhaust hood over the pizza ovens. Before installation of the hood please fill out a plan check application and send in at least two copies of construction plans.

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

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