FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SUNSHINE DONUTS
FACILITY SITE ADDRESS: 928 WHITLEY AVE
OWNER NAME: TOM P. HIENG
CERTIFIED FOOD MANAGER: TOM P. HIENG
BUSINESS PHONE: (559) 992-4778
CITY: CORCORAN
ZIP CODE: 93212
RECORD ID#: PR0000652
DATE: November 08, 2022
EXP DATE: 9/13/2027
INSPECTOR: SEMHAR GEBREGZIABIHE
INSPECTION TYPE: ROUTINE INSPECTION

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: Observed food debris build up underneath and around equipment in the hood area. Please have this cleaned as soon as possible as this can attract pests.

Observed flour build up in the dry storage area, please have this cleaned as soon as possible as this can attract pests.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: Observed syrup and sugar build up on broken down cardboard boxes on the floor near the hood area. The operator stated that this was placed there to prevent a tripping hazard. Cardboard may not be used for flooring as this is not a non- absorbent, easily cleanable, non porous material. A non slip mat would prevent a tripping hazard, please discontinue this practice and have this removed immediately as this can attract pests.

General Comments:

Observations:

Hand washing station was fully stocked with hot water, soap, and paper towels.

Restrooms were fully with hot water, soap, and paper towels.

All items in the dry storage are were either on racks or placed six inches above the ground.

The display case containing donuts, apple fritters, muffins, etc was clean and in satisfactory condition.

All refrigeration units were functioning properly at 41F.

All freezer units were functioning properly at 0F.

Overall the facility was observed in satisfactory condition. Please correct the above noted violations in a timely manner.

Please contact the department should you have any questions.

Thank you for your time.
## FOOD SAFETY EVALUATION REPORT

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<td>9/13/2027</td>
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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.

**Results of Evaluation:**

- [x] PASS
- [ ] NEEDS IMPROVEMENT
- [ ] FAIL

**Reinspection Required:**

- Yes: [x]

**Reinspection Date (on or after):**

N/A

**Potential Food Safety All Star:**

- [ ]

Received By: [Signature]

Agency Representative: SEMHAR GEBREGZIABIHE

**NOTE:** This report must be made available to the public on request.
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SUNSHINE DONUTS
BUSINESS PHONE: (559) 992-4778
RECORD ID#: PR0000652
DATE: February 28, 2022

FACILITY SITE ADDRESS: 928 WHITLEY AVE
CITY: CORCORAN
ZIP CODE: 93212
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: TOM P. HIENG
CERTIFIED FOOD MANAGER: TOM P HENG
EXP DATE: 9/13/2022
INSPECTOR: MIKEL CHATELLE - 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:

*All food items stored in the refrigerator were stored at or below 41 F.

*The two compartment sink in the Kitchen supplied water at or above 171 F.

*A chlorine sanitizing solution is used at the facility to clean utensils and food contact surfaces.

*Hand washing sinks at the facility supplied hot water and had soap and paper towels available.

*The restroom sink supplied hot water and had soap and paper towels available.

*Overall, the facility was observed to be satisfactory.

Tom Hieng was present for the inspection.

RESULTS OF EVALUATION: 

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<th>X</th>
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Reinspection Required: Yes: ☐ No: X

Reinspection Date (on or after): N/A

☐ Potential Food Safety All Star:

MIKEL CHATELLE - REHS
Agency Representative

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