



Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - <https://www.kcdph.com/ehs>

INSPECTION REPORT

FOOD VENDING PERMIT - GR7 (>1 mil)

Facility Name		Facility Address		City/State		Zip Code	
BUFFALO WILD WINGS		1699 W LACEY BLVD		HANFORD, CA		93230	
Owner/Operator		Facility Phone No.		Inspection ID		Inspection Result	
BLAZIN WINGS INC		9525939943		52296		Pass	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date
Isaac Coria		1/9/2025	Routine Inspection		PR0009961		6/1/2026

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date of correction as listed per violation.

NVO = No Violation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

Violation Status	Violation Code	Violation Summary	Observation
FDA Food Code 2017			
<input type="checkbox"/> -Select- <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	15 - PROTECTION FROM CONTAMINATION - Food separated and protected	The East Most Refrigeration and Freezing unit contained food without lids, please be sure to cover open containers to prevent crosscontamination	
<input type="checkbox"/> -Select- <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	51 - PHYSICAL FACILITIES - Plumbing installed, proper backflow devices	The sink next in the northeast corner of the Food Preparation Area had debris build up in the drain. Please clean drain The sink also had a leak, please fix the leak as soon as possible	



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Overall Inspection Comment:

Food Preparation Area

All refrigeration units were temperatured at less than 41F
All hot holding units were temperatured at above 135F
All Hand Wash Stations were stocked with Soap and Paper Towels
All Hand Wash Stations were temperatured at above 100F
Freezer and Refrigerator units were in working order and temperatured below 41F
Three compartment sink was properly set-up using approved sanitizer
Sanitizer measured at 700ppm with their specific ECOLAB sanitizer
Staff had food safety training, proof of training was shown by Person in Charge

Bar Area

All refrigeration units were temperatured at less than 41F
All sinks reached 120F
Hand washing station was temperatured at over 100F

ATTENTION: There are a total of 2 item(s) marked above in violation. Total Major violations are 0.

Signatures

Received By:

Inspected By:

Inspector Name: **Isaac Coria**

Title: **Environmental Health Officer**

Date: **1/9/2025**

Email: **Isaac.Coria@co.kings.ca.us**
Phone:

CERTIFICATION OF RETURN TO COMPLIANCE

I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.

Signature: _____ Title: _____ Date: _____