FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE ELEVEN COFFEE</td>
<td>(559) 582-1528</td>
<td>PR0009946</td>
<td>October 06, 2022</td>
</tr>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111 W 7TH ST STE 103</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td></td>
<td>ZIP CODE:</td>
<td>INSPECTION TYPE:</td>
</tr>
<tr>
<td>HANFORD</td>
<td></td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td></td>
<td>CERTIFIED FOOD MANAGER:</td>
<td>EXP DATE:</td>
</tr>
<tr>
<td>KOINONIA CHURCH</td>
<td></td>
<td>LESLIE MARTINEZ</td>
<td>6/14/2027</td>
</tr>
<tr>
<td>FACILITY NAME:</td>
<td></td>
<td>INSPECTOR:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SEMHAR GEBREGZIABIHE</td>
<td></td>
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</tbody>
</table>

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

**Description/Corrective Action:**
Observed the ice machine with mildew accumulation, the operator stated the unit was cleaned and serviced a couple months ago. Please have this unit cleaned and maintained at all times.

**General Comments:**

Observations:

- Hand washing station was fully stocked with hot water, soap, and paper towels.
- Restrooms were fully stocked with hot water, soap, and paper towels.
- Dry storage was well maintained, clean, and placed six inches above the ground.
- All refrigeration units were functioning properly at 41°F and below.

Overall this facility was observed in satisfactory condition. Please contact the department should you have an questions.

Thank you for your time.

**RESULTS OF EVALUATION:**

<table>
<thead>
<tr>
<th></th>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinspection Required:</td>
<td>Yes:</td>
<td>No: X</td>
<td></td>
</tr>
<tr>
<td>Reinspection Date (on or after):</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Potential Food Safety All Star:**

XSEMHAR GEBREGZIABIHE

Agency Representative

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

FACILITY NAME: ONE ELEVEN COFFEE
BUSINESS PHONE: (559) 582-1528
RECORD ID#: PR0009946
DATE: February 23, 2022

FACILITY SITE ADDRESS: 111 W 7TH ST STE 103
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: KOINONIA CHURCH
CERTIFIED FOOD MANAGER: LESLIE MARTINEZ
EXP DATE: 3/21/2022
INSPECTOR: SEMHAR GEBREGZIABIHE

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:

-Routine Inspection-

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

Three compartment sink was in use during the inspection. The sanitizer (ammonium) was at 200ppm.

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

The main refrigerator in the back containing 2% milk, coconut milk, soy milk, etc. was 36.5F. All other refrigeration units were 41F and below.

All employee were practicing safe food/ drink handling by washing there hands regularly, and cleaning surfaces regularly.

The ice machine was clean and the ice scoop was separately stored to prevent cross contamination.

Overall well maintained facility.

Thank you for your time.

RESULTS OF EVALUATION: [X] PASS [ ] NEEDS IMPROVEMENT [ ] FAIL

Reinspection Required: Yes: [ ] No: [X]
Reinspection Date (on or after): N/A
Potential Food Safety All Star: [ ]

Received By: [Signature]

SEMHAR GEBREGZIABIHE
Agency Representative

NOTE: This report must be made available to the public on request
### Food Safety Evaluation Report

**Facility Name:** ONE ELEVEN COFFEE  
**Business Phone:** (559) 582-1528  
**Record ID:** PR0009946  
**Date:** January 25, 2021  
**Facility Site Address:** 111 W 7TH ST STE 103  
**City:** HANFORD  
**Zip Code:** 93230  
**Inspection Type:** Routine Inspection  
**Inspector:** Yatee Patel - REHS  
**Owner Name:** KOINONIA CHURCH  
**Certified Food Manager:** LESLIE MARTINEZ  
**Exp Date:** 3/21/2022

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:**

- Baked items are bought from local approved CFO's (Kings & Tulare County).
- Cold holding temperatures were below 41F.
- Sanitizer was at 200ppm of QAC at the 3 compartment sink.
- Hand washing station was fully stocked.
- All employees observed wearing masks. Manager stated that employee health is monitored and temperature logs are logged.
- Only coffee drinks and pre-baked items sold.
- Over all facility in good operating condition.

**Thanks you**

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<th>Yes:</th>
<th>No: X</th>
<th>Reinspection Date (on or after): N/A</th>
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**Results of Evaluation:**  
- [x] PASS  
- [ ] Needs Improvement  
- [ ] Fail

Received By: [Signature]

Yatee Patel - REHS  
Agency Representative

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- Hand washing station was fully stocked.
- All employees observed wearing masks. Manager stated that employee health is monitored and temperature logs are logged.
- Only coffee drinks and pre-baked items sold.
- Overall facility in good operating condition.

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:

Received By: [Signature]

Yatee Patel - REHS
Agency Representative

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