



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/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ONE ELEVEN COFFEE	BUSINESS PHONE: (559) 582-1528	RECORD ID#: PR0009946	DATE: October 06, 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: 6/14/2027	INSPECTOR: SEM HAR 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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

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 41F 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: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

SEM HAR GEBREGZIABIHE

Agency Representative

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



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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: SEM HAR 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: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> </u> N/A <input type="checkbox"/> Potential Food Safety All Star:



 Received By:

SEM HAR GEBREGZIABIHE

 Agency Representative

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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
OWNER NAME: KOINONIA CHURCH	CERTIFIED FOOD MANAGER: LESLIE MARTINEZ	EXP DATE: 3/21/2022	INSPECTOR: Yatee Patel - 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:

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.

Thank you

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:


 Received By: _____

Yatee Patel - REHS

 Agency Representative

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