



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: ROCKY'S DONUT HOUSE	BUSINESS PHONE: (559) 924-7141	RECORD ID#: PR0010422	DATE: September 15, 2022
FACILITY SITE ADDRESS: 254 LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAMPENG MAK	CERTIFIED FOOD MANAGER: SAMPENG MAK	EXP DATE: 2/1/2021	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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed food in the refrigeration unit to be left uncovered. Please cover all food items stored to prevent contamination.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed an excessive amount of food debris on the floors, underneath and behind equipment. Please clean and maintain all areas of the food facility at all times.

Observed a foul odor in the cupboard that contained a white bucket with damp coffee grounds and other miscellaneous items. Please discard, clean, and sanitize the whole cupboard to prevent pest attraction and cross contamination.

Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: The food manager certification card on file expired on 2/1/2021. Please send a copy of an updated food manager card to the department by no later than 09/21/2022.

General Comments:

Observations:

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

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

All dry storage was well maintained, organized, and placed six inches above the ground.

The lobby area was in satisfactory condition.

All refrigeration units were functioning properly at 41F.

All freezer units were functioning properly at 0F.

Ice machine was in satisfactory condition.

Overall the facility is in satisfactory condition, please correct the above noted violations in a timely manner.

Thank you for your time.

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



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FACILITY SITE ADDRESS: 254 LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAMPENG MAK	CERTIFIED FOOD MANAGER: SAMPENG MAK	EXP DATE: 2/1/2021	INSPECTOR: SEM HAR GEBREGZIABIHE

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ROCKY'S DONUT HOUSE	BUSINESS PHONE: (559) 924-7141	RECORD ID#: PR0010422	DATE: March 31, 2021
FACILITY SITE ADDRESS: 254 LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SAMPENG MAK	CERTIFIED FOOD MANAGER: SAMPENG MAK	EXP DATE: 2/1/2021	INSPECTOR: Veronica Ochoa -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:

Hand wash station and restrooms were stocked with soap, paper towels, and hot water. Cold holding units measured at or below 38F. Overall, the facility was observed in satisfactory condition.

Due to COVID-19, all employees were observed wearing face coverings. No signature for this inspection report was obtained due to COVID-19; however, an exit interview was conducted with person in charge.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

E-mailed to Operator

Veronica Ochoa -REHS

Received By:

Agency Representative

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