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>JOSEPH SIMAS ELEMENTARY</td>
<td>(559) 585-3620</td>
<td>PR0005619</td>
<td>February 02, 2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1875 N FITZGERALD LN</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
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<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HANFORD ELEMENTARY SCHOOL DIST</td>
<td>NAOMI GAFFNEY</td>
<td>3/14/2025</td>
<td>SEMHAR GEBREGZIABIHE</td>
</tr>
</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.

<table>
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<tr>
<th>VIOLATION</th>
<th>DESCRIPTION/CORRECTIVE ACTION</th>
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<tbody>
<tr>
<td>IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT</td>
<td>Observed the sanitizing section of the three compartment sink to have a sign stating &quot;Please do not use&quot;. When asked the operator stated the compartment is backed up and needs to be fixed by maintenance personnel. Please have this taken care of in a timely manner.</td>
</tr>
</tbody>
</table>

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 room was well maintained, with items placed a minimum of six inches above the ground.
- Sanitizer buckets were at 200 ppm (QAC).
- All refrigeration units were functioning properly at 41F.

Facility was overall observed to be in satisfactory condition. Please contact the department should you have any questions.

Thank you for your time.

RESULTS OF EVALUATION:  

- [X] PASS  
- [ ] NEEDS IMPROVEMENT  
- [ ] FAIL  

Reinspection Required:  

- [ ] Yes:  
- [X] No:  

Reinspection Date (on or after):  

- [ ] N/A  
- [ ] Potential Food Safety All Star:  

Received By:  

- SEMHAR GEBREGZIABIHE  

Agency Representative:

- [ ]  

NOTE: This report must be made available to the public on request
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<tbody>
<tr>
<td>JOSEPH SIMAS ELEMENTARY</td>
<td>(559) 585-3620</td>
<td>PR0005619</td>
<td>October 05, 2022</td>
</tr>
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<td>3/14/2025</td>
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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:
Observations:

Today's lunch is baked chicken, steamed corn, garden salad, garbanzo beans, fresh apples, cranberries, milk, and crackers.

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

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

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

Of note, during the time of inspection food preparation did not begin. The operator just arrived and began to set up for the day.

The three compartment sink was in satisfactory condition and had hot water.

No signs of pests were found during today's inspection.

Overall this facility is in satisfactory condition. Please contact the department should you have any questions.

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

- **FACILITY NAME:** JOSEPH SIMAS ELEMENTARY  
  **FACILITY SITE ADDRESS:** 1875 N FITZGERALD LN  
  **OWNER NAME:** HANFORD ELEMENTARY SCHOOL DIST  
  **BUSINESS PHONE:** (559) 585-3620  
  **CITY:** HANFORD  
  **CERTIFIED FOOD MANAGER:** NAOMI GAFFNEY  
  **RECORD ID#:** PR0005619  
  **ZIP CODE:** 93230  
  **EXP DATE:** 3/14/2025  
  **DATE:** October 05, 2022  

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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: [X] Yes  
Reinspection Date (on or after): N/A  

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Received By: [Signature]  
**SEMHAR GEBREGZIABIHE**  
Agency Representative  

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