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 HANDWASH FACILITIES
Description/Corrective Action: Observed the hand washing sink adjacent to the fryers and food prep sink to make a loud noise and drop in water pressure when turning the hot water knob. Hot water was eventually obtained, but needs to be readily available at all times. Please have maintenance personnel look into this matter as soon as possible.

Violation: RESTROOM FACILITIES NOT MAINTAINED
Description/Corrective Action: Hot water supply is not readily available to either the men's nor women's restrooms. When checking the temperatures, it over 10 minutes for the water to reach 104°F. Both restrooms have dual sinks but only one supplies water in each restroom at a time. Try to correct the pressure level as well as the hot water. Failure to properly maintain the temperature in the restroom and/or hand washing sinks can effect the food vending permits for each operating food facility in the building. Maintenance personnel were on site during the time of inspection. The manager stated he would have maintenance personnel look into this matter as soon as possible.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT
Description/Corrective Action: The cabinets adjacent and underneath the soda machine was observed to have dust accumulation. Please clean this as soon as possible.

General Comments:

Observations:

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

Hot holding unit containing chili beans was at 167.3°F.

The food prep sink was observed in satisfactory condition. Please maintain this at all times.

Sanitizer buckets were observed at 200 ppm (ammonium).

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

The lobby area was observed well maintained and clean.

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

Thank you for your time.
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>WIENERSCHNITZEL</td>
<td>(559) 277-2828</td>
<td>PR0010247</td>
<td>November 22, 2022</td>
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<tr>
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<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
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<tbody>
<tr>
<td>25712 WARD DR</td>
<td>KETTLEMAN CITY</td>
<td>93239</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

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<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVINE FOOD SERVICES</td>
<td>Kaejon Ahmadi</td>
<td>10/20/2022</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.

RESULTS OF EVALUATION:  

<table>
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<tr>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
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<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
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</table>

Reinspection Required: Yes: [ ] No: [X]  
Reinspection Date (on or after): N/A

Potential Food Safety All Star:

SEMHAR GEBREGZIABIHE

Agency Representative

Received By:
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WIENERSCHNITZEL
BUSINESS PHONE: (559) 333-5006
RECORD ID#: PR0010247
DATE: May 03, 2022

FACILITY SITE ADDRESS: 25712 WARD DR
CITY: KETTLEMAN CITY
ZIP CODE: 93239
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: DIVINE FOOD SERVICES
CERTIFIED FOOD MANAGER: Kaejon Ahmadi
EXP DATE: 10/20/2022
INSPECTOR: MIKEL CHATELLE - 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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT
[HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: A quaternary ammonium solution was measured at 0 ppm. Quaternary ammonium solutions used for sanitation are required to be maintained at 200 ppm. Ensure that sanitation solutions are measured to ensure the proper concentration before use.

General Comments:

*All food items that were stored in refrigerators were measured at or below 41 F.
*All food items that were stored in hot holding units were measured at or above 135 F.
*All food items that were stored in freezers were frozen.
*The hand washing station(s) in the kitchen supplied hot water and had soap and paper towels available.
*The restroom sink supplied hot water and had soap and paper towels available.
*Overall, the facility was observed to be satisfactory.

Cindy Horton was present for the inspection.

RESULTS OF EVALUATION: ☒ PASS ☒ NEEDS IMPROVEMENT ☒ FAIL

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

Cindy Horton

MIKEL CHATELLE - REHS
Agency Representative

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