



Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
330 Campus Dr. Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - www.countyofkings.com/health/ehs

INSPECTION REPORT

FOOD VENDING PERMIT - GR2 (12-100)

Facility Name	Facility Address	City/State	Zip Code	
PIZZA KING	10668 14th AVE 101	ARMONA, CA	93202	
Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result	
AMRIK SINGH	5595843341	31516	Pass	
Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
Chaitanya Patel	3/7/2024	Routine Inspection	PR0000270	7/1/2024

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date of correction as listed per violation.

NVO = No Violation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

Overall Inspection Comment:

A routine inspection was conducted and following was observed.

Hot water temperature at the handwash sink, restroom sink and dishwasher sink were noted to be above 120°F.

Hand wash sink was properly stocked with paper towels, soap, and running hot water.

Refrigeration units noted at 40°F. Facility has multiple reach in coolers.

Cold holding temperature in the food prep line for cheese and tomato pizza sauce were noted below 41°F

Ventilation hood above the cooking area was noted with moderate amounts grease buildup. Recommend cleaning every six months to avoid Grease buildup.

Please have lids on all stored food items.

Food manager, certificate active and present on site.

General cleanliness in satisfactory condition.

Dry Storage area noted clean and free of pest. All items were stored atleast 6 inches above ground in the dry storage areas.

Soda nozzles noted with minor buildup. Recommend cleaning these every 3-4 days to maintain proper sanitation.

ATTENTION: There are a total of 0 item(s) marked above in violation. Total Major violations are 0.



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Signatures

Received By:

Inspected By:

Inspector Name: **Chaitanya Patel**

Title: **Environmental Health Officer I**

Date: **3/7/2024**

Phone: **559-584-1411**

Email: **Chaitanya.Patel@co.kings.ca.us**



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PIZZA KING	BUSINESS PHONE: (559) 816-8708	RECORD ID#: PR0000270	DATE: September 02, 2020
FACILITY SITE ADDRESS: 10668 14th AVE 101	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMRIK SINGH	CERTIFIED FOOD MANAGER: GURINDER SINGH	EXP DATE: 7/12/2021	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The facility's hood needs to be professionally serviced as the last time the hood was serviced was in December 2019. At a minimum, all hoods should be professionally serviced once every six months.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Two dead cockroaches were observed underneath the facility's three compartment sink. Proof of pest control service could not be provided at the time of the inspection. As a result, the facility must obtain pest control service within two weeks and submit proof of service via email.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The hand wash station in the kitchen area was not stocked with soap because according to the owner, soap for the dispenser has not been able to be found and purchased. Instead, the owner had a soap dispenser located at the ware washing sink for hand washing. Please stock the hand wash station with its own mounted soap dispenser and fill it with soap.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The hand wash station in the restroom was not stocked with soap. Please make sure to obtain soap for the soap dispenser that is currently mounted on the wall. If soap cannot be located, please obtain another soap dispenser and ensure it is fully stocked.

The toilet in the restroom needed to be cleaned. Please make sure to routinely clean all areas of the restroom.

General Comments:

The facility's cold holding units measured at or below 41F.
Please address the noted violations in a timely manner and ensure proof of pest control service is emailed to our department.

Due to the COVID-19 pandemic, the owner was observed wearing a face covering and only offering take out and delivery.

No signature was obtained for this inspection report due to the COVID-19 pandemic.

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



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RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Emailed to Owner

Veronica Ochoa -REHS

Received By: _____

Agency Representative _____

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