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 - GR7    ( >1 mil)

Overall Inspection Comment:
A routine inspection was conducted and following was observed.
Time as public health control used for sliced tomatoes and onions. Used with four hours or taken off the serving line. All prep food has time stamps for use by times and dates.
Soda nozzles in the drive thru area and in the lobby area noted clean and free of buildup.
Hot water temperature at the handwash 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 below 41°F. Proper refrigeration procedures were observed. Uncooked Beef Patties were stored in a separate area from produce.
Cold holding temperature in the food prep line for lettuce and cheese slices were noted below 41°F
Ventilation hood above the cooking area was noted clean with minor grease buildup.
Food manager, certificate active and present on site.
General cleanliness in satisfactory condition.

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

**FOOD VENDING PERMIT - GR7  (>1 mil)**

<table>
<thead>
<tr>
<th>Signatures</th>
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<tbody>
<tr>
<td>Received By:</td>
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<tr>
<td>![Received By Signature]</td>
</tr>
</tbody>
</table>

Inspector Name: **Chaitanya Patel**
Title: **Environmental Health Officer I**
Date: **12/1/2023**
Phone: **559-584-1411**
Email: **Chaitanya.Patel@co.kings.ca.us**
FOOD SAFETY EVALUATION REPORT

Owner Name: LYNNI SNYDER-ELLINGSON, PRESIDENT
Facility Name: IN-N-OUT BURGERS #291
Facility Site Address: 280 S 12TH AVE
City: HANFORD
Zip Code: 93230
Business Phone: (949) 509-6315
Certified Food Manager: KAYLA PEREZ
Record ID#: PR0009319
Exp Date: 3/10/2025
Date: May 05, 2022
Inspector: SEMHAR 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 HANDWASH FACILITIES
[HSC 113953 - 113593.2]

Description/Corrective Action:
Observed the sanitizer dispenser as well as the soap dispenser, at the hand washing station in the back to have dust and debris on the surface. This was cleaned when mentioned.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT
[HSC 114161-114182 & 114257]

Description/Corrective Action:
The pipe underneath the food prep sink was leaking. Please have this fixed by 5/20/2022. Please use caution when working near that area to avoid potential tripping hazard.

General Comments:

Observations:

- All hand washing stations were fully stocked with hot water, soap, and paper towels.
- The three compartment sinks and sanitizer buckets were at 200 ppm (ammonium).
- All dry storage was well maintained, clean, organized, and placed six inches above the ground.
- All refrigeration units were functioning properly at 41F and below.
- The freezer unit was functioning properly at 0F and below.
- All employees were practicing proper food handling by washing their hands frequently and when transitioning to a new task.
- Restrooms were well maintained and were fully stocked with hot water soap and paper towels.
- Food handler and food manager cards were available and up to date.
- Pest control reports were available for review. The last service date was 4/29/22.
- Please send a copy of the invoice for the maintenance done on the pipe to the department.

NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

<table>
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<tr>
<th>FACILITY NAME:</th>
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<tr>
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<td>PR009319</td>
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<td>280 S 12TH AVE</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
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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>LYNSE SNYDER-ELLINGSON, PRESIDENT</td>
<td>KAYLA PEREZ</td>
<td>3/10/2025</td>
<td>SEMHAR GEBREGZIABIHE</td>
</tr>
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RESULTS OF EVALUATION:  
- [X] PASS  
- [ ] NEEDS IMPROVEMENT  
- [ ] FAIL

Reinspection Required:  
- Yes: [ ]  
- No: [X]

Reinspection Date (on or after):  
- N/A

[Signature]  
Received By: SEMHAR GEBREGZIABIHE

Agency Representative

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