FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MCDONALDS
BUSINESS PHONE: (559) 386-0406
RECORD ID#: PR0000428
DATE: November 22, 2022

FACILITY SITE ADDRESS: 27513 WARD DR
CITY: KETTLEMAN CITY
ZIP CODE: 93239
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: JAMES ABBATE
CERTIFIED FOOD MANAGER: MICHAEL VAN HOUTEN
EXP DATE: 7/21/2025
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 hand washing sink in the back adjacent to the office area to not have paper towels. This was corrected on site. Also, a dirty utensil was observed in the sink, please ensure that all hand washing stations are only used for hand washing.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]
Description/Corrective Action: Observed the floor sink and the tiles underneath the three compartment sink in the back to have food build up. This was corrected on site. Please maintain this at all times. Observed the refrigerator near the drive through window to have milk spilled in the inside at the bottom. Please have this cleaned as soon as possible.

General Comments:
Observations:

Hand washing stations were fully stocked with hot water and soap.
Restrooms were fully stocked with hot water, soap, and a functional air dryer.
The compartment sink was functioning properly and had hot water.
The food prep sink was functioning properly and had hot water.
All hot holding units were functioning properly at 135F.
All refrigeration units were functioning properly at 41F.
All freezer units were functioning properly at 0F.
No signs of pests were found during today’s inspection.
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>MCDONALDS</td>
<td>(559) 386-0406</td>
<td>PR0000428</td>
<td>November 22, 2022</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>27513 WARD DR</td>
<td>KETTLEMAN CITY</td>
<td>93239</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES ABBATE</td>
<td>MICHAEL VAN HOUTEN</td>
<td>7/21/2025</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.

---

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: [Signature]

SEMHAR GEBREGZIABIHE

Agency Representative

---

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

OWNER NAME: JAMES ABBATE
FACILITY NAME: MCDONALDS
FACILITY SITE ADDRESS: 27513 WARD DR
CITY: KETTLEMAN CITY
ZIP CODE: 93239

CERTIFIED FOOD MANAGER: MICHAEL VAN HOUTEN
EXP DATE: 7/21/2025
INSPECTOR: Evelyn Elizalde

FOOD SAFETY EVALUATION REPORT

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 three compartment sink water temperature to be at 110 F. Violation corrected on site. Please maintain water temperature at the three compartment sink to a minimum of 120F at all times.

General Comments:

The following observations were observed during today's routine inspection:
1. Observed sanitation buckets to have 100PPM of chlorine.
2. All hand washing sinks were observed to have hot water, paper towels, and soap.
3. All refrigeration units temperatures were at 41 F.

RESULTS OF EVALUATION: □ PASS  □ NEEDS IMPROVEMENT  □ FAIL

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

Potential Food Safety All Star:

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

FACILITY NAME: MCDONALDS
BUSINESS PHONE: (559) 386-0406
RECORD ID#: PR0000428
DATE: January 26, 2022

FACILITY SITE ADDRESS: 27513 WARD DR
CITY: KETTLEMAN CITY
ZIP CODE: 93239
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: JAMES ABBATE
CERTIFIED FOOD MANAGER: MICHAEL VAN HOUTEN
EXP DATE: 7/21/2025
INSPECTOR: Luis Flores - 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 HANDWASH FACILITIES
[HSC 113953 - 113593.2]

Description/Corrective Action: The handwash sink located at the

General Comments:

Hamburgers temped immediately after grilling all met the State Food Code final cooking temperature requirement of 157 F.
All hot foods held in the main warming unit held all products above 135 F. Great.
All refrigerated foods were held below 41 F.
The quaternary ammonia sanitizer concentration measured in the 3-compartment wash sink meet the 200 ppm minimum concentration level.
All food handlers were observed wearing disposable gloves. The handler at the hamburger grill was observed to consistently exchange gloves.
Food product organization within the establishment was good.
An accurate digital thermometer was present for use and daily food temperature information is logged and maintained onsite.

Note: Install handwash signs in both the male and female restrooms.

RESULTS OF EVALUATION: X PASS □ NEEDS IMPROVEMENT □ FAIL
Reinspection Required: Yes: □ No: X
Reinspection Date (on or after): N/A
X Potential Food Safety All Star:

Received By: Luis Flores - REHS
Agency Representative

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