



## Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health  
Environmental Health Services  
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230  
Phone - 559-584-1411 Fax - 559-584-6040  
Internet - <https://www.kcdph.com/ehs>

### INSPECTION REPORT

#### FOOD VENDING PERMIT - GR4 (250-500)

Facility Name		Facility Address		City/State		Zip Code	
DYNASTY CHINESE CUISINE		441 N 10TH AVE		HANFORD, CA		93230	
Owner/Operator		Facility Phone No.		Inspection ID		Inspection Result	
HAO HUANG		5595822286		32977		Pass	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date
Isaac Coria		4/2/2024	Routine Inspection		PR0009790		8/1/2025

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

Violation Status	Violation Code	Violation Summary	Observation
<b>FDA Food Code 2017</b>			
<input type="checkbox"/> -Select- <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	15 - PROTECTION FROM CONTAMINATION - Food separated and protected	Observed food items in freezer and cold storage unit without coverings, please ensure that all food is properly covered to avoid cross contamination.	



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##### Overall Inspection Comment:

Observations from todays inspection:

Hand washing station water temperature reached 100F and was fully stocked.

Three compartment sink reached 120F.

Cold storage units were below 40F. Hot holding food was recorded to be above 135F.

All food was off the floor and no debris was present.

Food safety manager certificate was valid, other managers recently expired, please do the recertification within 14 days.

ATTENTION: There are a total of 1 item(s) marked above in violation. Total Major violations are 0.

#### Signatures

Received By:

Inspected By:

Inspector Name: **Isaac Coria**

Title: **Environmental Health Officer**

Date: **4/2/2024**

Email: **Isaac.Coria@co.kings.ca.us**

Phone:

#### CERTIFICATION OF RETURN TO COMPLIANCE

I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_