FOOD SAFETY EVALUATION REPORT

KINGS RANCH MINISTRIES
13787 KANSAS AVE
HANFORD 93230

(559) 584-0181

JAMES PROFET

PR0000264
September 29, 2022

The following was observed during today's routine inspection:

The three compartment sink had hot water at 120 F.
All refrigeration units were observed at 41 F.
All food in dry storage area was stored above 6 inches.

The facility has an expired food managers certification and is required to submit proof of an active certificate to our office within 30 days of this inspection.

General Comments:

Violation: None Noted

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

Results of Evaluation: [X] PASS [ ] NEEDS IMPROVEMENT [ ] FAIL

Evelyn Elizalde
Agency Representative

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

**Facility Name:** KINGS RANCH MINISTRIES  
**Business Phone:** (559) 584-0181  
**Record ID:** PR0000264  
**Date:** December 15, 2021

**Facility Site Address:** 13787 Kansas Ave  
**City:** HANFORD  
**Zip Code:** 93230  
**Inspection Type:** ROUTINE INSPECTION

**Owner Name:** KINGS RANCH MINISTRIES  
**Certified Food Manager:** JAMES PROFET  
**Exp Date:** 1/19/2022  
**Inspector:** Liliana Stransky - REHS

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### Violation: IMPROPER COLD HOLDING TEMPERATURE(S)

[**HSC 113996**]

**Description/Corrective Action:** The refrigerator in the dining room was observed at 47F and the menudo was noted at the same temperature. Please adjust the thermostat to lower the temperature or move potentially hazardous foods to a different unit.

**General Comments:**

**Routine Inspection -**

- *Observed hand washing station with soap, paper towels and hot water available.*
- *Refrigeration units, except for the unit mentioned above, were monitored at 41F or below.*
- *Dry food storage areas were noted well maintained and all food was stored above the floor a minimum of 6 inches.*

Please monitor the refrigerator to make sure it can hold temperature at or below 41F.

**Results of Evaluation:)**

- [X] PASS  
- [ ] NEEDS IMPROVEMENT  
- [ ] FAIL  

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

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**Received By:** Liliana Stransky - REHS  
**Agency Representative:**

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