



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TIGER TEA HOUSE	BUSINESS PHONE: Not Specified	RECORD ID#: PR0010601	DATE: October 06, 2022
FACILITY SITE ADDRESS: 225 N IRWIN AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MING JIN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Evelyn Elizalde

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: None Noted

General Comments:

The following was observed during today's routine inspection:

- All refrigeration units were at 41 F.
- The three compartment sink had hot water at 120 F.
- Restroom had hot water, paper towels and soap.
- Sanitizer (bleach) is available in food prep area.

No violations observed today.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Evelyn Elizalde

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TIGER TEA HOUSE	BUSINESS PHONE: Not Specified	RECORD ID#: PR0010601	DATE: March 02, 2022
FACILITY SITE ADDRESS: 225 N IRWIN AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MING JIN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel - 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: None Noted

General Comments:

All cold holding units holding fruits were below 41F.
3 compartment sink and hand washing station had hot water. Bleach is used for sanitizing utensils and counter tops.
Hand washing station was fully stocked.
Only drinks are served.
Facility was in very good condition.
Thank you

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

Yatee Patel - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TIGER TEA HOUSE	BUSINESS PHONE: Not Specified	RECORD ID#: PR0010601	DATE: February 18, 2021
FACILITY SITE ADDRESS: 225 N IRWIN AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MING JIN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel - 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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Please submit the food manager certification asap.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed ice scoop inside the ice machine. Please keep it outside in a clean container.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Sanitizer bucket had 0ppm of chlorine concentration.

Please be sure to have at least 100ppm of CL concentration and sanitize all food and common touched surfaces.

Use sanitizer for 3 compartment sink also.

General Comments:

Cold holding units were at 41F.

Only teas and other beverages prepped and sold.

Note: Operator needs to change the water frequently (30 min interval) for the container that is used to store the stirrers that are used for the syrup.

Thank you

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u>
	<input type="checkbox"/> Potential Food Safety All Star:

Yatee Patel - REHS

Received By: _____

Agency Representative

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