

### **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 - GR3 (100-250)

Facility Name Fa		Facility Address			City/State			Zip Code
STAR RESTAURANT 122 V		W SIXTH ST		HANFORD, CA			93230	
Owner/Operator		Facility Phone No.	Inspect	Inspection ID		Inspection Result		
SINA NANN		5593629227	76336	76336		Needs Improvement		
Inspector Name	Inspection Date	Purpose of Inspection	pose of Inspection Pern		rmit License		Expiration Date	
Chaitanya Patel	9/17/2025	Routine Inspection PRO		PR0	PR0000220		3/1/2026	

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						
FDA Food Code 2017									
□ -Select-	22 - TIME AND	The cold holding prep unit towards the front							
□ IN	TEMPERATURE CONTROL FOR SAFETY - Proper cold	of the kitchen noted with inadequate food tempreatures.							
☑ OUT	holding temperatures	Ham, Egg White carton and chorizo in							
□ <sub>NA</sub>		original package noted above 55F. These items were discarded into a trash bin by							
□ NO		KCEHS staff during the inspection. Tomatoes, lettuce and pickles were also noted above 55F. These items, according to the operator were preapred less than one hour prior and are under time as temperature control. Faclity needs to repair or replace this unit prior to making use for food storage or temperature control purposes.							
□ -Select-	56 - PHYSICAL FACILITIES -	Ventilation hood system noted with grease							
□ IN	Adequate ventilation and lighting, designated areas used	buildup. Clean regualry to aviod grease buildup and a potential grease fire.							
☑ OUT	ingg, accignated areas acca	grandap and a peremual grades in s.							
□ <sub>N/A</sub>									



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#### **Overall Inspection Comment:**

Facility inspection was conducted and the following is observed.

Facility does not have a seperate Handwash sink installed in the kitchen area. A handwash sink is noted outside the restroom area. Hot water noted above 100F, paper towels and soap also available. Facility also used the 3 compartment warewashing sink as handwash sink. Paper towels and soap noted in this area as well. Hot water temperature at the 3 compartment warewashing sink noted above 120F for adequate warewashing.

Ansul ventilation hood noted with grease buildup on the hood.
All items in the dry storage areas noted at least 6 inches off the ground.

Hot holding unit noted with temp above 135F.

Cold holding temperature for multiple reach in units noted below 41F.

Cold holding temperature for prep unit in the kitchen area noted at 60F. This unit needs to repaired or replaced prior to use.

Food Manager Certification available on site for review. Current and Active.

Cleanliness is unsatisfactory. Clean all equipment after use to avoid cross contamination. Facility noted pest free and pest control conducted on a monthly basis.

A follow up will be conducted within 2 weeks of this inspection to observe compliance and corrective actions for the violations issued.

ATTENTION: There are a total of 2 item(s) marked above in violation. Total Major violations are 0.

Received By:

Inspected By:

Inspector Name: Chaitanya Patel
Title: Environmental Health Officer I
Date: 9/17/2025
Email: Chaitanya.Patel@co.kings.ca.us

Phone: 559-584-1411

**Signatures** 



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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:						