FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SEQUOIA CLUB
FACILITY SITE ADDRESS: 118 N IRWIN ST
OWNER NAME: ROBERT LEE
CERTIFIED FOOD MANAGER: Not Specified
BUSINESS PHONE: (559) 707-1411
CITY: HANFORD
ZIP CODE: 93230
RECORD ID#: PR0000197
DATE: December 06, 2022
INSPECTION TYPE: ROUTINE INSPECTION
INSPECTOR: Troy Hommerding-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:

Bar area is in satisfactory condition.

Bar three compartment sink was observed with hot & cold running water.

Restrooms were in satisfactory condition and fully stocked.

RESULTS OF EVALUATION: 

- PASS
- NEEDS IMPROVEMENT
- FAIL

Reinspection Required: Yes: No: X

Reinspection Date (on or after): N/A

Troy Hommerding-REHS

Agency Representative

NOTE: This report must be made available to the public on request
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>SEQUOIA CLUB</td>
<td>(559) 707-1411</td>
<td>PR000197</td>
<td>March 10, 2020</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>118 N IRWIN ST</td>
<td>HANFORD</td>
<td>93230</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>ROBERT LEE</td>
<td>Not Specified</td>
<td></td>
<td>Luis Flores - REHS</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.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES  
[HSC 113953 - 113593.2]

**Description/Corrective Action:**  
The men's restroom handwash sink does not provide hot water supply at this time. The handwash sink water supply lines and drainage are contained in an unopenable vanity at this time. Based on the current situation, it appears hot water is shut off at the supply valve within the vanity. Have this corrected ASAP.

**Violation:** OTHER PERMIT VIOLATION  

**Description/Corrective Action:**  
The facility currently utilizes a Baker's Pride electric heating unit for heating pizzas, fries, etc. The use of this unit in the bar is not approved and the unit must be removed. Remove this unit from the facility within 24 hours.

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

**Description/Corrective Action:**  
The ice bin scoop was observed stored within the unit ice bed. Remove the scoop and store either on a clean surface or within a clean container such as a bucket of bag.

General Comments:

The general bar area was observed in satisfactory condition.

Contact this Department within 48 hours to notify that required corrective action has been completed. Failure to do so will be cause for a re-inspection to be conducted to verify compliance.

Feel free to contact me with any questions.

**RESULTS OF EVALUATION:**  
☐ PASS  ☒ NEEDS IMPROVEMENT  ☐ FAIL

**Reinspection Required:**  
☐ Yes: ☒ No: ☐

**Reinspection Date (on or after):**  
N/A

**Potential Food Safety All Star:**  
Luis Flores - REHS

Received By:  
Agency Representative

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