



## 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 - GR2 ( 12-100)

Facility Name		Facility Address		City/State		Zip Code	
OFF THE VINE		701 N IRWIN ST		HANFORD, CA		93230	
Owner/Operator		Facility Phone No.		Inspection ID		Inspection Result	
KAYLA HOUK		5598164324		35981		Pass	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date
Isaac Coria		5/2/2024	Routine Inspection		PR0010909		1/1/2026

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
<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	19 - TIME AND TEMPERATURE CONTROL FOR SAFETY - Proper reheating procedures for hot holding	Soup in steam container was at 90F, operator stated they take cold soup from fridge and place in steam unit. Food that is cooked, cooled, and reheated so that all parts of the food reach a temperature of at least 165F for 15 seconds.	



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##### Overall Inspection Comment:

Observations from todays inspection:

Hand washing sink reached 100F and fully stocked.

Three compartment sink water temperature reached 120F

Cold storage units were below 41F

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

Food handler cards for manager is valid.

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: **5/2/2024**

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: \_\_\_\_\_