



## 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 - GR6 (750- 1mil)

Facility Name		Facility Address		City/State		Zip Code	
MOUNTAIN MIKE'S PIZZA		820 W LACEY BLVD		HANFORD, CA		93230	
Owner/Operator		Facility Phone No.		Inspection ID		Inspection Result	
KEN TURNER		5595851135		39656		Needs Improvement	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date
Lindsay Hullinger		6/17/2024	Routine Inspection		PR0009767		7/1/2022

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	2 - SUPERVISION - Certified Food Protection Manager	Joseph Baxter exp 8/7/24  A copy of the food program manager certificate was provided by the end of the inspection. Please ensure a copy of the food program manager certificate is kept on site.	Repeat: No Corrected On-Site: Yes Comply By: 06/17/2024 Degree of Violation: Minor Return to Compliance Date: 06/17/2024
<input type="checkbox"/> -Select- <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	38 - PREVENTION OF FOOD CONTAMINATION - Insects, rodents, and animals not present	There is evidence of pest activity at the facility, though no evidence of live vectors or infestation is noted. Spider webs with live spiders are observed throughout the facility. Deceased spiders and roaches are also observed. Please ensure regular cleaning of the facility is conducted to prevent attraction of pests and clear any byproducts.  In the back room, 2 feathers are observed on the floor.  Outside the front entry door, there is an old air conditioner with boxes. Please dispose of this properly to avoid attracting rodents.  Please ensure pest control is provided by a certified provided on a regular basis, and the facility is cleaned regularly to discourage insect and pest activity.	Repeat: No Corrected On-Site: No Comply By: 07/16/2024 Degree of Violation: Minor



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##### Overall Inspection Comment:

Food program JosephBaxter expires 8/7/24. Please make sure it is renewed prior to the expiration date and a copy is kept at the facility.

The handwash sink has hot water measuring over 100F. Soap and paper towels are available.

The 3 compartment sink has hot water measuring 122F. Floor sinks are observed with debris buildup. Please ensure these are cleaned regularly to prevent sewage backup and attraction of pests.

The service bar holding condiments and vegetables measures in the range of 38f. The facility uses time as a public health control and has adequate temperature logs. All foods in this area are marked with the date and time they are prepared and when they must be discarded.

All refrigerators measure below 41F. There are no items currently in hot holding.

The walk in refrigerator and freezer is observed with foods covered and stored at least 6 inches off the ground. There is no evidence of condensation. the attached thermometer reads the correct internal temperature, which was 38F.

The dining room is observed clean and in good condition.

Please see the above violation regarding pest control.

The restrooms have warm water, soap, and paper towels.

Overall, this facility is observed in good operating conditions and no violations were observed on this date.

Thank you.

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

#### Signatures

Received By:

Inspected By:

Inspector Name: **Lindsay Hullinger**

Title: **Environmental Health Officer**

Date: **6/17/2024**

Email: **Lindsay.hullinger@co.kings.ca.us**

Phone:



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### **INSPECTION REPORT**

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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: \_\_\_\_\_