



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 - GR4 (250-500)

Facility Name		Facility Address		City/State		Zip Code	
ZAYTOONA		129 W 7TH ST		HANFORD, CA		93230	
Owner/Operator		Facility Phone No.		Inspection ID		Inspection Result	
MAHD SALAH		5595303085		59776		Pass	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date
Chaitanya Patel		4/25/2025	Routine Inspection		PR0010982		6/1/2025

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			
<input type="checkbox"/> -Select- <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	10 - PREVENTING CONTAMINATION BY HANDS - Adequate handwashing sinks properly supplied and accessible	The handwashing sink was being used as a food prep sink. This is not proper usage of handwashing sink. handwash sink should be kept clear of all food and equipment for ease of access to handwashing.	
<input type="checkbox"/> -Select- <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	55 - PHYSICAL FACILITIES - Physical facilities installed, maintained, and clean	The edges and corners in the kitchen area noted with dirt and grime buildup. All areas of the facility must be thoroughly cleaned and maintained clean to avoid cross contamination and pest harborage.	



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Overall Inspection Comment:

Facility inspection was conducted and the following is observed.

Handwash Sink hot water temperature noted above 100F. Paper towels and soap available at the handwash sink. This facility has one handwash sink. Keep handwash sink clear of all food and equipment for ease of access to handwashing.

3 compartment dishwasher sink running hot water temp noted above 120F.

Prep sink noted clean and with running hot and cold water.

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

Cold holding temperatures of chopped and sliced tomatoes, onions and greens mix noted at 38F in the food prep refrigeration line unit.

Raw Steak, Raw cubed beef and raw chicken noted below 41F in prep refrigeration tables.

All refrigeration units measured noted below 41F. make sure to store all items in the walk in refrigeration units atleast 4 inches off the ground and First In, First out method. Facility also needs to train all employees on raw meat storage chart with raw chicken on the bottom shelves. Raw chicken was noted on the top shelf in the walk in refrigeration unit.

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

Clean all equipment after use to avoid cross contamination. Clean all corners and edges in the kitchen areas to avoid dirt and grime buildups.

Facility noted pest free and pest control conducted on a monthly basis.

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: **Chaitanya Patel**

Title: **Environmental Health Officer I**

Date: **4/25/2025**

Email: **Chaitanya.Patel@co.kings.ca.us**

Phone: **559-584-1411**



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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: _____