



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FIRST UNITED METHODIST CHURCH	BUSINESS PHONE: (559) 992-3211	RECORD ID#: PR0007533	DATE: December 15, 2017
FACILITY SITE ADDRESS: 1101 LETTS AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FIRST UNITED METHODIST CHURCH	CERTIFIED FOOD MANAGER: Judith Briseno	EXP DATE: 11/3/2020	INSPECTOR: Vikram Manke

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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Multiple food items stored in the refrigerator were observed to be growing fungus. All spoiled food items were discarded during inspection.

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

Description/Corrective Action: Warm water was not available at the hand wash stations in both the mens and womens restroom. Per state law, warm water (100 F) must be provided for hand washing purpose at all hand wash stations.

General Comments:

Hand wash station had soap, paper towels, and warm water supply.
Temperature of the refrigerators were measured below 41 F.
All food items were observed to stored six inches above the floor.

Please correct the above noted violations.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u>
	<input type="checkbox"/> Potential Food Safety All Star:

Judith Briseno

Vikram Manke

Received By:

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FIRST UNITED METHODIST CHURCH	BUSINESS PHONE: (559) 992-3211	RECORD ID#: PR0007533	DATE: June 04, 2015
FACILITY SITE ADDRESS: 1101 LETTS AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PASTOR JAMES WOFFINDEN	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Vikram Singh

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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: This facility does not have certified food safety person. Please obtain a certification within 60 days.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Two refrigerators were measured at 55 F and 46 F respectively. The state law requires that potentially hazardous foods should be stored at a temperature at or below 41 F. Please decrease the temperature of these refrigerators and maintain at or below 41 F.

General Comments:

The hand wash station had soap, warm water, and paper towels.
Three compartment sink had water, dish soap, and sanitizer.
Please correct the above noted violations.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Patricia Oflen

Vikram Singh

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FIRST UNITED METHODIST CHURCH	BUSINESS PHONE: (559) 992-3211	RECORD ID#: PR0007533	DATE: April 02, 2014
FACILITY SITE ADDRESS: 1101 LETTS AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PASTOR JAMES WOFFINDEN	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Lee Johnson - 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:

All temperatures checked today were satisfactory. Hand sinks were fully stocked. Thank you.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

James S. Woffinden

Lee Johnson - REHS

Received By:

Agency Representative

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