



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

<b>FACILITY NAME:</b> KCAO - WAREHOUSE/DIST SITE	<b>BUSINESS PHONE:</b> (559) 583-8071Ext. 106	<b>RECORD ID#:</b> PR0006096	<b>DATE:</b> April 16, 2021
<b>FACILITY SITE ADDRESS:</b> 13549 HANFORD/ARMONA RD	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS COMMUNITY ACTION ORGANIZATION	<b>CERTIFIED FOOD MANAGER:</b> PAMEL EIDE	<b>EXP DATE:</b> 4/21/2023	<b>INSPECTOR:</b> Yatee Patel - 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:

Facility has 3 big walk-in freezers to store bulk donated pre-packaged food items that are distributed to the general public in various locations. List was provided to our department.

At the time of the inspection, all cold holding units were at freezing temperatures. All foods were observed above the flooring of the units on wooden planks.

No food preparation occurs. Only storage.

Thank you

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

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



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<b>FACILITY NAME:</b> KCAO - WAREHOUSE/DIST SITE	<b>BUSINESS PHONE:</b> (559) 583-8071Ext. 106	<b>RECORD ID#:</b> PR0006096	<b>DATE:</b> December 19, 2016
<b>FACILITY SITE ADDRESS:</b> 13549 HANFORD/ARMONA RD	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS COMMUNITY ACTION ORGANIZATION	<b>CERTIFIED FOOD MANAGER:</b> JANICE AUGUSTO	<b>EXP DATE:</b> 12/23/2020	<b>INSPECTOR:</b> Veronica Ochoa -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:

During today's inspection, only the two walk-in freezers were functioning. The walk-in refrigerator that the facility has is temporarily out of service and does not have any food items in the unit.

All food items in the freezers were observed properly stored. The furthest freezer was difficult to open during the inspection. Please repair the issue so that the door is much easier to open, also the seal to the door may have to be replaced.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Veronica Ochoa -REHS

Agency Representative

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<b>FACILITY NAME:</b> KCAO - WAREHOUSE/DIST SITE	<b>BUSINESS PHONE:</b> (559) 583-8071Ext. 106	<b>RECORD ID#:</b> PR0006096	<b>DATE:</b> April 14, 2016
<b>FACILITY SITE ADDRESS:</b> 13549 HANFORD/ARMONA RD	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS COMMUNITY ACTION ORGANIZATION	<b>CERTIFIED FOOD HANDLER:</b> JANICE AUGUSTO	<b>EXP DATE:</b> 1/21/2016	<b>INSPECTOR:</b> Abel Simon - 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:

Observed items in the two freezers to be well stored and above the floor six inches. As noted in the last inspection, there was ice accumulation around the inside of the doors. The freezer on the right, was observed to have significantly more ice in it. Please have someone look into this to avoid build up of the ice from affecting the door. 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:

Received By:

Abel Simon - REHS

Agency Representative

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