



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: ASIA GARDEN	BUSINESS PHONE: (559) 734-3017	RECORD ID#: PR0000533	DATE: June 16, 2022
FACILITY SITE ADDRESS: 505 E SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KEVIN CHEUNG	CERTIFIED FOOD MANAGER: KEVIN CHUENG	EXP DATE: 10/28/2020	INSPECTOR: SEM HAR GEBREGZIABIHE

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: The operator stated he did not have the food manager certification with him at the time of the inspection and would send a copy to our department. Please send this to the department by 06/21/2022. The California Retail Food Code states the certificate issued must be kept on file at the food facility at all times, and shall be made available for inspection by the enforcement officer (CRFC Sect.113947.1 (g)).

Violation: IMPROPER COOLING PROCEDURES [HSC 114002 & 114002.1]

Description/Corrective Action: Observed food cooling in the walk in unit uncovered, in food strainers, with a cloth towel underneath to capture the water. This is not an approved food cooling process. The following are approved cooling methods:

Section 114002.1 of the California Retail Food Code(CRFC) :

(1) Placing the food in shallow pans.(2) Separating the food into smaller or thinner portions.(3) Using rapid cooling equipment (4) Using containers that facilitate heat transfer. (5) Adding ice as an ingredient. (6) Using ice paddles(7) Inserting appropriately designed containers in an ice bath and stirring frequently.(8)... (9) Utilizing other effective means that have been approved by the enforcement agency.

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

Description/Corrective Action: The hand washing sink did have paper towels, this was corrected immediately when mentioned.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed some dry food storage on the ground. Please be sure to store these items at least six inches above the ground.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed flour and other food build up in the dry storage area. The operator stated that they would clean this as soon as the inspection is over.

Observed food build up all around and on the sides of cooking equipment. Please be sure to clean this area routinely to avoid microbial growth and pest attraction.

General Comments:

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



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FACILITY SITE ADDRESS: 505 E SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KEVIN CHEUNG	CERTIFIED FOOD MANAGER: KEVIN CHUENG	EXP DATE: 10/28/2020	INSPECTOR: SEM HAR GEBREGZIABIHE

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Observations:

Hand washing sink was stocked with hot water and soap; then later stocked with paper towels.

Restrooms were well maintained with hot water, soap, and paper towels.

All refrigeration units were functioning properly at 41F.

All freezer units were functioning properly at 0F.

Pest control is provided by Classic Pest Control. The reports were available for review, and are done once a month. The last service date was 06/06/2022.

The high temperature manual dishwasher was functioning properly. The temperature reached 190F.

The hand washing sink, food prep sink, and three compartment sink all had hot water.

Please correct the above noted violations as soon as possible.

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): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ASIA GARDEN	BUSINESS PHONE: (559) 734-3017	RECORD ID#: PR0000533	DATE: April 02, 2021
FACILITY SITE ADDRESS: 505 E SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KEVIN CHEUNG	CERTIFIED FOOD MANAGER: KEVIN CHUENG	EXP DATE: 10/28/2020	INSPECTOR: Luis Flores - 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: OTHER PERMIT VIOLATION

Description/Corrective Action: Install new hand wash notification signs in both the men's and women's restrooms as the existing signs are severely worn away. New Kings County handwash stickers were provided today.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

[HSC 114161-114182 & 114257]

Description/Corrective Action: The ceiling fluorescent light fixture near the walk-in box cooler is missing it's cover. Install the cover.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

[HSC 114161-114182 & 114257]

Description/Corrective Action: A ceiling section along the westside of the exhaust hold is starting to collapse. The facility operator reported the ceiling is being repaired on Monday.

General Comments:

All monitored refrigerated foods were found to be holding at below 41 F.
 Noodles held in the warming unit were monitored at above 135 F. No other hot foods were being held at the time of inspection.
 Wash sink hot and cold water supply was functional and the waiter station hand wash sink paper towel/soap dispensers were stocked.
 Both restroom wash sinks were also properly maintained.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input 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:

No signature obtained due to Covid-19

Luis Flores - REHS

Received By: _____

Agency Representative _____

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