



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: TOSHIKO JAPANESE CUISINE	BUSINESS PHONE: (559) 380-9103	RECORD ID#: PR0007171	DATE: March 09, 2022
FACILITY SITE ADDRESS: 258 N 12TH AVE 105	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HORACE & HIROMI STEWARD	CERTIFIED FOOD MANAGER: David Valenzuela	EXP DATE: 5/2/2021	INSPECTOR: 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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The hood filters and the surrounding areas of the fryer and stove need cleaning. Grease accumulation can pose a fire hazard.

The operator stated that the professional cleaning company who services are due to come in a couple weeks. If there is constant use, please schedule the cleanings more often to avoid accumulation of grease.

General Comments:

The cold holding units, near the sushi prep area and the cooking area were all under 41F.


The walk-in was observed well maintained and all foods were separated from meats and veggies.

The sanitizer used is a commercial grade. This is a acid based sanitizer. Please purchase the correct measuring strips to correctly measure the levels.

Over all the food practices are well practiced and the food facility is well maintained.

Thank you

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:



 Received By:

Yatee Patel - REHS

 Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TOSHIKO JAPANESE CUISINE	BUSINESS PHONE: (559) 380-9103	RECORD ID#: PR0007171	DATE: February 17, 2021
FACILITY SITE ADDRESS: 258 N 12TH AVE 105	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: HORACE & HIROMI STEWARD	CERTIFIED FOOD MANAGER: David Valenzuela	EXP DATE: 5/2/2021	INSPECTOR: 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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Automatic dish washer was observed at 0ppm. Please call Ecolab to have the sanitizer dispense a concentration of at least 50ppm of Cl. For the timing the manager stated they will continue using the 3 compartment sink.

General Comments:

All cold holding and hot holding were at 41F and 140 F respectively.

Please have all employees wash hands frequently, esp during touching ready to eat food such as sushi.

Hand washing station shall always be clear or any other utensils and available for use with soap and paper towels at all times.

Over all the food facility is in good condition. Masks were observed and currently only to go food is served.

Thank you

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:

Received By: _____

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Agency Representative

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OFFICIAL INSPECTION REPORT

FACILITY NAME: TOSHIKO JAPANESE CUISINE	BUSINESS PHONE: (559) 380-9103	RECORD ID#: PR0007171	DATE: March 25, 2020
FACILITY SITE ADDRESS: 258 N 12TH AVE 105	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATIOI
OWNER NAME: HORACE & HIROMI STEWARD	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE: 5/2/2021	INSPECTOR: Yatee Patel - REHS

The items (if any) listed below identify the Health Code 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:

The facility has made their dinning completely inaccessible to customers and is encouraging customers to call-in their orders to minimize their wait.

At this time all food sales are for DELIVERY or TAKE-OUT/PICK-UP ONLY!!

The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff. Only allow entry to customers that can safely keep the same distance between them while they wait or encourage them to wait in their cars.

Staff is practicing safe food handling procedures to protect food from contamination, monitor hot & cold holding temperatures, and WASH HANDS.

Staff uses sanitizing solution (chlorine 100ppm or QAC 200ppm) for wiping down all counters and work surfaces to reduce the risk of contamination. All work surfaces should be cleaned and sanitized frequently to prevent contamination.

Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

An investigation was conducted today to review and verify the above food and employee safety practices are being followed. The report will be emailed to the owner/operator. Please contact our Department for further questions.

Reinspection Required: Yes: No: **Reinspection Date (on or after):** Not Specified

Yatee Patel - REHS

Environmental Health Specialist

Received By: _____