



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: PIEOLOGY #6038	BUSINESS PHONE: (949) 800-8314	RECORD ID#: PR0009991	DATE: May 05, 2022
FACILITY SITE ADDRESS: 1693 W LACEY BLVD SUIT B	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMIR SIDDIQI	CERTIFIED FOOD MANAGER: FRANK MARK	EXP DATE: 11/11/2022	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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: One of the sanitizer buckets near the small refrigerator units was below 200 ppm (ammonium). Please be sure to change out these buckets when necessary. Section 114099.6 states that 200 ppm quaternary ammonium needs to make contact with the solution for at least one minute. This was abated when mentioned.

General Comments:

Observations:

Restrooms were well maintained, clean, and had hot water.

All hand washing stations were supplied with hot water, soap, and paper towels.

The food preps sink had hot water.

The three compartment sink was not in use during the time of inspection but had hot water.

All dry storage was properly labeled, well maintained, and clean.

No signs of pests were found during today's inspection. The last pest control service date was 5/5/2022.

All refrigeration units were functioning properly at 41F and below.

The freezer unit was functioning properly at 0F and below.

The lobby was clean and well maintained.

Overall this facility is in excellent condition.

Thank you for your time.

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



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

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PIEOLOGY #6038	BUSINESS PHONE: (949) 800-8314	RECORD ID#: PR0009991	DATE: September 23, 2021
FACILITY SITE ADDRESS: 1693 W LACEY BLVD SUIT B	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMIR SIDDIQI	CERTIFIED FOOD MANAGER: FRANK MARK	EXP DATE: 11/11/2022	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: None Noted

General Comments:

The hand washing station was fully stocked.
The 3 compartment sink had a concentration of 200ppm of QAC solution.
The cold holding units and the walk-in was below 41F.
Temperature log was noted completed and filled out at 10am.
All employees have their manager certifications.
Over all the food facility is in good operating condition.
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:

Yatee Patel - REHS

Received By: _____

Agency Representative

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