FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIÉDADE DE SAO JOAO, INC. DBA ST. JOHN'S SOCIETY</td>
<td>(559) 582-2429</td>
<td>PR0005625</td>
<td>October 21, 2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8301 8 1/2 AVE</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIÉDADE DE SAO JOAO INC</td>
<td>Not Specified</td>
<td></td>
<td>Yatee Patel - REHS</td>
</tr>
</tbody>
</table>

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 kitchen is only used for private events 3-4 times a year.

The hand washing station and both 3 compartment sink were equipped with hot running water.

Bleach is available for sanitizing, please be sure to clean and sanitize all areas before using the kitchen.

The Bac-T results are in compliance for the year 2021 and the State Water Regulation for the facility's water system.

Hood observed clean.

Walk-in was not switched on at the time of the inspection. Be sure it holds a temperture of 41F or lower at all times during use.

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
Agency Representative

NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

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<td>RECORD ID#:</td>
<td>PR0005625</td>
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<tr>
<td>DATE:</td>
<td>November 04, 2020</td>
</tr>
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<td>8301 8 1/2 AVE</td>
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<td>EXP DATE:</td>
<td></td>
</tr>
<tr>
<td>INSPECTOR:</td>
<td>Susan Lee-Yang - REHS</td>
</tr>
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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.

<table>
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<tr>
<th>Violation:</th>
<th>IMPROPER CLEANING OF UTENSILS AND EQUIPMENT</th>
</tr>
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<tbody>
<tr>
<td>Description/Corrective Action:</td>
<td>Observed hood baffles with grease accumulation. Ensure hood is professionally steamed cleaned before the kitchen is rented out.</td>
</tr>
</tbody>
</table>

General Comments:
Hand wash station and restroom has hot water, soap, and paper towels.

Other than noted, observed facility clean.

A copy of the unsigned report will be emailed to the operator. Contact our office at 559-584-1411 if there are any questions.

RESULTS OF EVALUATION:  
- X PASS  
-  NEEDS IMPROVEMENT  
-  FAIL  

Reinspection Required:  
-  Yes:  
-  No: X  

Reinspection Date (on or after): N/A  

Potential Food Safety All Star:  

NOTE: This report must be made available to the public on request.
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SOCIEDADE DE SAO JOAO, INC. DBA ST. JOHN'S SOCIETY

BUSINESS PHONE: (559) 582-2429

RECORD ID#: PR0005625

DATE: October 09, 2020

FACILITY SITE ADDRESS: 8301 8 1/2 AVE

CITY: HANFORD

ZIP CODE: 93230

INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: SOCIEDADE DE SAO JOAO INC

CERTIFIED FOOD MANAGER: Not Specified

EXP DATE: 

INSPECTOR: Susan Lee-Yang - 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:

Due to the current COVID-19 pandemic, the facility is not utilizing or renting out its kitchen and facility.

Please contact this office when operation resumes so a routine inspection can occur.

A copy of this report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

RESULTS OF EVALUATION: 

PASS [ ] 

NEEDS IMPROVEMENT [ ]

FAIL [ ]

Reinspection Required: Yes: [ ] No: [x]

Reinspection Date (on or after): N/A

Potential Food Safety All Star: [ ]

Susan Lee-Yang - REHS

Agency Representative

Received By:

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