



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> SOCIEDADE DE SAO JOAO, INC. DBA ST. JOHN'S SOCIETY	<b>BUSINESS PHONE:</b> (559) 582-2429	<b>RECORD ID#:</b> PR0005625	<b>DATE:</b> October 21, 2021
<b>FACILITY SITE ADDRESS:</b> 8301 8 1/2 AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOCIEDADE DE SAO JOAO INC	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<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:**

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 temperature of 41F or lower at all times during use.  
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> <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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<b>FACILITY SITE ADDRESS:</b> 8301 8 1/2 AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOCIEDADE DE SAO JOAO INC	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.  
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**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed hood baffles with grease accumulation.  
Ensure hood is professionally steamed cleaned before the kitchen is rented out.

**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.

<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:
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<b>FACILITY SITE ADDRESS:</b> 8301 8 1/2 AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOCIEDADE DE SAO JOAO INC	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang - REHS

Agency Representative

Received By:

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