



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: THE SALVATION ARMY	BUSINESS PHONE: (559) 582-4434	RECORD ID#: PR0000489	DATE: June 29, 2022
FACILITY SITE ADDRESS: 380 E IVY	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SALVATION ARMY	CERTIFIED FOOD MANAGER: Kristine Brumm	EXP DATE: 12/8/2020	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:** SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]
Description/Corrective Action: Observed numerous dented cans throughout the dry storage areas. Please remove and discard all dented cans in the facility. Thank you.
- Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]
Description/Corrective Action: Observed mildew accumulation in the ice machine. Please make sure this is cleaned regularly to prevent the accumulation from occurring.
- Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: Observed a bottom piece on the outside of the walk in freezer to be falling off. The operator stated maintenance personnel were called to come and begin repairs on the unit. The unit was measuring at -0.4F. Please monitor the temperature to make sure it is functioning properly at 0F and below.

General Comments:

Observations:

Hand washing station was fully stocked with hot water, soap, and paper towels.

All dry storage was placed six inches above the ground.

Three compartment sink was supplied with soap and hot water.

No signs of pests were found during today's inspection.

The manual dishwasher was functioning properly at 50 ppm (chlorine).

Overall this facility is in satisfactory 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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Received By:

SEM HAR GEBREGZIABIHE

Agency Representative

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Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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: Observed interior of the ice machine with mildew accumulation. Ensure thorough and regular cleaning occurs to prevent accumulation.

Violation: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Observed numerous severely dented cans on the shelves. Instructed staff to remove and discard dented cans.

General Comments:

Hand wash station has hot water, soap, and paper towels.

All cold holding units were noted at or below 41F.

Observed food products stored off the ground.

Due to COVID, the facility is serving breakfast to go in packaged bags.

Observed dead cockroaches on traps. Facility has monthly pest control services. Increase pest control services if needed. Did not observe live cockroaches at time of inspection.

A copy of the unsigned report will be emailed to the owner. 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:

Received By:

Susan Lee-Yang - REHS

Agency Representative

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