



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> STAR RESTAURANT	<b>BUSINESS PHONE:</b> (559) 362-9227	<b>RECORD ID#:</b> PR0000220	<b>DATE:</b> August 31, 2021
<b>FACILITY SITE ADDRESS:</b> 122 W SIXTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SINA NANN	<b>CERTIFIED FOOD MANAGER:</b> SINA NANN	<b>EXP DATE:</b> 2/14/2022	<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:** IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Observed items like cooked potatoes, deli meat and eggs outside without any temperature control. Please place all potentially hazardous foods inside the cold holding unit immediately after use.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Please be sure to clean around all equipment, floors, walls and ceilings to avoid vermin infestation and dirt accumulation.

**Violation:** IMPROPER HOLDING OF RAW SHELL EGGS [HSC 114373]

**Description/Corrective Action:** Observed raw eggs in the carton outside. When eggs are not in use, please place them back in the cold holding unit. Remove only the quantity that is needed for cooking.

**General Comments:**

Hot foods like gravy was observed at 135F in the steam unit.

Cold holding units were at or below 41F.

Sanitizer was available for the automatic dish washer and the sanitizer buckets at 50ppm of Cl solution.

Be sure to regularly wash hand correctly, especially after handling raw meats. Clean all surfaces with bleach solution.

Cold holding units outside was 41F or lower.

Restroom was equipped with hot water, soap and paper towel.

Facility is in need of replacing and cleaning ceiling, floors and restroom facility area. Please let our department know if these changes will occur and if you will need plan checks for approval.

Thank you

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



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**RESULTS OF EVALUATION:**     PASS     NEEDS IMPROVEMENT     FAIL

**Reinspection Required:**    Yes:     No:

**Reinspection Date (on or after):**    N/A

Potential Food Safety All Star:

  
\_\_\_\_\_  
Received By:

*Yatee Patel - REHS*  
\_\_\_\_\_  
Agency Representative

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FOOD SAFETY EVALUATION REPORT

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 HOLDING OF RAW SHELL EGGS [HSC 114373]

Description/Corrective Action: Raw shelled eggs need to be kept refrigerated or over an ice bath at all times. Observed pooled eggs and cartons of raw eggs at ambient temperature next to the flat grill. Discontinue this practice.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Chlorine sanitizer is available for the dishwasher, but it was not dispensing during the rinse cycle. Please repair the dishwasher and also repair the water leak. In the meantime, use the 3 compartment sink to sanitize dishes and utensils after every wash cycle.

General Comments:

ROUTINE INSPECTION -

- \* Refrigeration units were noted below 41F.
\* Steam table had corn and gravy above 135F.
\* Hand soap, paper towels and hot water is available for hand washing inside and for the restrooms outside.

Please correct the noted violations in a timely manner and continue to improve the overall cleaning of all work areas.

Thank you!

RESULTS OF EVALUATION: [ ] PASS [X] NEEDS IMPROVEMENT [ ] FAIL. Reinspection Required: Yes: [ ] No: [X]. Reinspection Date (on or after): N/A. [ ] Potential Food Safety All Star.

Handwritten signature in blue ink.

Received By:

Liliana Stransky - REHS

Agency Representative

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