FOOD SAFETY EVALUATION REPORT

**Facility Name:** YOGURT LAND  
**Business Phone:** (818) 290-8100  
**Record ID:** PR0010490  
**Date:** February 17, 2021

**Facility Site Address:** 366 N 12TH AVE STE 109  
**City:** HANFORD  
**Zip Code:** 93230  
**Inspection Type:** ROUTINE INSPECTION

**Owner Name:** BEHZAD COHAN  
**Certified Food Manager:** Megan Mendes  
**Exp Date:** 10/27/2023  
**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

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General Comments:

Only frozen yogurt is served.

Hand washing station was fully stocked.

Please make your self familiar with the two kinds of sanitizer, Chlorine and QAC. The concentration was observed at 200ppm of QAC.

Walk-in unit was well organized and at 41F.

Employee was wearing mask and employee health is monitored before starting the shift.

Thank you

**Results of Evaluation:**  
- X PASS  
- ☐ NEEDS IMPROVEMENT  
- ☐ FAIL

**Reinspection Required:**  
- ☐ Yes:  
- ☑ No:

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

**Potential Food Safety All Star:**

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Received By:  

Yatee Patel - REHS  
Agency Representative

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**Note:** This report must be made available to the public on request
OFFICIAL INSPECTION REPORT

FACILITY NAME: YOGURTLAND

BUSINESS PHONE: (818) 290-8100

RECORD ID#: PR0010490

DATE: March 24, 2020

FACILITY SITE ADDRESS: 366 N 12TH AVE STE 109

CITY: HANFORD

ZIP CODE: 93230

INSPECTION TYPE: PUBLIC INFORMATION/EDUCATION

OWNER NAME: BEHZAD COHAN

Program Description: 1107 - KINGS DPH COVID-19

EXP DATE: 10/27/2023

INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the Health Code 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 facility has made their dining completely inaccessible to customers and is encouraging customers to call-in their orders to minimize their wait.

At this time all food sales are for DELIVERY or TAKE-OUT/PICK-UP ONLY!!

The staff needs to practice social distancing by requesting that customers keep apart a minimum of six feet from each other and staff. Only allow entry to customers that can safely keep the same distance between them while they wait or encourage them to wait in their cars.

Staff is practicing safe food handling procedures to protect food from contamination, monitor hot & cold holding temperatures, and WASH HANDS.

Staff uses sanitizing solution (chlorine 100ppm or QAC 200ppm) for wiping down all counters and work surfaces to reduce the risk of contamination. All work surfaces should be cleaned and sanitized frequently to prevent contamination.

Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

This facility was visited today to review and verify the above food and employee safety practices are being followed. A copy of this summary will be emailed to the facility operator. Please contact our Department for further questions.

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Reinspection Required: Yes: ☐ No: X Reinspection Date (on or after): Not Specified

Liliana Stransky - REHS

Received By:
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>YOGURTLAND</td>
<td>(818) 290-8100</td>
<td>PR0010490</td>
<td>August 06, 2019</td>
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<table>
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<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
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<tbody>
<tr>
<td>366 N 12TH AVE STE 109</td>
<td>HANFORD</td>
<td>93230</td>
<td>1ST FOLLOW UP INSPECTION</td>
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<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHZAD COHAN</td>
<td>Megan Mendes</td>
<td>10/27/2023</td>
<td>Rumi Chhina</td>
</tr>
</tbody>
</table>

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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:

Conducted a follow-up inspection today of this facility:

- During inspection, no ants and roaches are found.
- Pest control serviced twice monthly.

Thank you.

RESULTS OF EVALUATION: X PASS  [ ] NEEDS IMPROVEMENT  [ ] FAIL

<table>
<thead>
<tr>
<th>Reinspection Required:</th>
<th>Yes:</th>
<th>No:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
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Reinspection Date (on or after): N/A

[ ] Potential Food Safety All Star:

Rumi Chhina
Agency Representative

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