



**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> THAI KITCHEN RESTAURANT	<b>BUSINESS PHONE:</b> (415) 215-1013	<b>RECORD ID#:</b> PR0006347	<b>DATE:</b> February 10, 2021
<b>FACILITY SITE ADDRESS:</b> 122 N 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ANONG & CHATCHAI SUVUNNACHUEN	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Paven Bathth

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:** NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

**Description/Corrective Action:** No current food handler possess a California Food Handler Card. Ensure employees who are handling food (i.e., preparing, storing or servicing food) at this facility maintain a valid California Food Handler Card. Please note, employees must obtain a California Food Handler Card within 30 days of being hire.

**Violation:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** The current Food Safety Manager Certification is expired. Ensure this facility has a minimum of one staff member, owner or operator that has taken and passed an accredited food safety manager course within 30 days.

**General Comments:**

Hand Wash Station: Maintain stocked (i.e., soap & paper towels) with hot water readily available.  
 Temperature Control: All cold holding temperatures were noted to be at or below 41°F. All hot holding temperatures were noted to be at or above 135°F.  
 Sanitation: 100 PPM of chlorine concentration was measured in the dishwasher.  
 Other Comments: In response to the COVID-19 pandemic, please implement the State (CDPH) guidelines (i.e., maintain a physical distance of 6 feet between individuals, use EPA-approved disinfectants, etc.) with your business. In order to help mitigate the spread of COVID-19 (i.e., increase the risk of exposure), a signature was not obtained. The inspection report will be emailed to the facility's point of contact.

<b>RESULTS OF EVALUATION:</b> <input 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:

*No signature received due to COVID-19 protocol.*

*Paven Bathth*

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

Agency Representative

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



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<b>FACILITY NAME:</b> THAI KITCHEN RESTAURANT	<b>BUSINESS PHONE:</b> (415) 215-1013	<b>RECORD ID#:</b> PR0006347	<b>DATE:</b> December 05, 2019
<b>FACILITY SITE ADDRESS:</b> 122 N 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ANONG & CHATCHAI SUVUNNACHUEN	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Liliana Stransky - 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:** The dishwasher had chlorine sanitizer available but it was not dispensing into the final rinse cycle. Please repair the problem and in the meantime, add final rinse step to sanitize dishes.

**General Comments:**

Routine inspection -

Observed all refrigeration temperatures at or below 41F. Refrigerators were organized and foods covered to protect them from any contamination.

The hand washing station had soap, paper towels and hot water available.

The ventilation system was observed pristine and free of grease build-up.

In general the facility was observed clean and organized.

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:

Received By:

Liliana Stransky - REHS

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> THAI KITCHEN RESTAURANT	<b>BUSINESS PHONE:</b> (415) 215-1213	<b>RECORD ID#:</b> PR0006347	<b>DATE:</b> February 08, 2019
<b>FACILITY SITE ADDRESS:</b> 122 N 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ANONG & CHATCHAI SUVUNNACHUEN	<b>CERTIFIED FOOD MANAGER:</b> PAUL A. SUVUNNACHUEN	<b>EXP DATE:</b> 7/7/2018	<b>INSPECTOR:</b> Liliana Stransky - 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:** SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

**Description/Corrective Action:** Food product from overly dented cans cannot be used. Please return the overly dented mushroom cans to your distributor.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Please conduct detail cleaning of all cooking equipment including stove and deep fryer and remove food debris from all equipment surfaces.

**Violation:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** The food manager certification expired in 2018. Provide a copy of a current food manager certificate within 30 days.

**General Comments:**

Conducted routine inspection of the facility and noted the following observations:

- \* The hand washing station had soap, paper towels and hot water available.
- \* All refrigeration units were observed at or below 41F.
- \* Refrigeration units were also observed organized to prevent cross contamination of food.
- \* The sanitizer for the dishwasher had 100ppm chlorine concentration.
- \* The ventilation system was observed clean and free of grease build-up.

In general the facility was observed well maintained.

Thank you for your attention.

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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:

Liliana Stransky - REHS

Received By:

Agency Representative

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