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>MICHOACAN ICE CREAM</td>
<td>(559) 587-0132</td>
<td>PR0009890</td>
<td>February 03, 2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS</th>
<th>CITY</th>
<th>ZIP CODE</th>
<th>INSPECTION TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1285 N 10TH AVE</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME</th>
<th>CERTIFIED FOOD MANAGER</th>
<th>EXP DATE</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHOACAN ICE CREAM</td>
<td>Alfonso Fernandez</td>
<td>3/24/2024</td>
<td>Yatee Patel - REHS</td>
</tr>
</tbody>
</table>

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:

This department has attempted to perform a routine inspection several times. If this facility is closed please call our us and inform our department or if you have different operating hours other than the typical (8am-5pm), please call our department to schedule an appointment.

Thank you

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

Reinspection Required: [ ] Yes: [ ] No: [X]

Reinspection Date (on or after): N/A

Potential Food Safety All Star: [ ]

NOTE: This report must be made available to the public on request
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 lobby 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 TAKE-OUT/PICK-UP ONLY!!

The staff is practicing 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.

An investigation was conducted 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.

Reinspection Required: Yes: No: X

Reinspection Date (on or after): Not Specified

Liliana Stransky - REHS

Environmental Health Specialist
FOOD SAFETY EVALUATION REPORT

**FACILITY NAME:** MICHOACAN ICE CREAM
**BUSINESS PHONE:** (559) 587-0132
**RECORD ID:** PR0009890
**DATE:** June 07, 2019

**FACILITY SITE ADDRESS:** 1285 N 10TH AVE
**CITY:** HANFORD
**ZIP CODE:** 93230
**INSPECTION TYPE:** ROUTINE INSPECTION

**OWNER NAME:** MICHOACAN ICE CREAM
**CERTIFIED FOOD MANAGER:** Alfonso Fernandez
**EXP DATE:** 3/24/2024
**INSPECTOR:** Rumi Chhina

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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:**

Conducted a routine inspection of this facility and noted the following:

- Ambient temperatures of all cold holding units were noted at or below 41 F.
- Hand washing Stations were fully stocked with soap, paper towels and hot water was available.
- Facility was clean and well-maintained.
- Operator has food manager certification.

**RESULTS OF EVALUATION:**

- **PASS**
- **NEEDS IMPROVEMENT**
- **FAIL**

<table>
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<tr>
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<th>Yes:</th>
<th>No:</th>
<th>X</th>
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<td>Reinspection Date (on or after):</td>
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**Potential Food Safety All Star:**

Received By: Rumi Chhina

Agency Representative