



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: LITTLE CAESARS PIZZA	BUSINESS PHONE: Not Specified	RECORD ID#: PR0009892	DATE: November 09, 2022
FACILITY SITE ADDRESS: 2597 N 11TH AVE #102	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JEFFREY MANQUEN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Evelyn Elizalde

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:

The following was observed during today's routine inspection:

- The hand wash station had hot water, soap and paper towels.
- The three compartment sink had hot water at 120 F.
- Restroom had hot water, soap and paper towels.
- All refrigeration units were at 41 F.
- All food was stored 6 inches above ground level.

The facility currently has an expired food managers certificate. Please provide a copy of a valid food managers certificate to our office within 30 days of this inspection.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By:

Evelyn Elizalde

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LITTLE CAESARS PIZZA	BUSINESS PHONE: Not Specified	RECORD ID#: PR0009892	DATE: February 03, 2021
FACILITY SITE ADDRESS: 2597 N 11TH AVE #102	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JEFFREY MANQUEN	CERTIFIED FOOD MANAGER: QUENTIN A HICKS	EXP DATE: 8/2/2021	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Be sure to cover all foods in the walk-in to avoid cross contamination.

General Comments:

Cold holding units were at 41F and below.

Hot holding foods were observed stored over 165F.

The 3 compartment sink was not in use at the time of inspection, however sanitizer was available for use.

The 3 compartment sink area needs regular cleaning around.

Temperature logs for food not available - this department recommends taking temperatures and logging in.

The facility has Covid 19 precautions in place. Temp logs for employees, masks mandate are in place.

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): <u> N/A </u>
	<input type="checkbox"/> Potential Food Safety All Star:

Yatee Patel - REHS

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LITTLE CAESARS PIZZA	BUSINESS PHONE: Not Specified	RECORD ID#: PR0009892	DATE: December 09, 2019
FACILITY SITE ADDRESS: 2597 N 11TH AVE #102	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JEFFREY MANQUEN	CERTIFIED FOOD MANAGER: QUENTIN A HICKS	EXP DATE: 8/2/2021	INSPECTOR: 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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Collect the dirty towels from the floor and store them in the laundry bag for proper cleaning.

The drain pipe for the 3 compartment sink needs to be a 1/4 inch above the floor drain for backflow prevention.

Clean the restroom on a daily basis.

General Comments:

Conducted routine inspection and observed the following:

* Hand washing sink had soap, paper towels and the water took a while to get hot but it was available.

* Cooked pizzas and chicken wings were observed above 165F.

* All refrigeration temperatures were below 41F.

Please address the noted violations in a timely manner.

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:

Liliana Stransky - REHS

Agency Representative

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