



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: HANFORD CIVIC CENTER	BUSINESS PHONE: (559) 585-2529	RECORD ID#: PR0000503	DATE: February 14, 2022
FACILITY SITE ADDRESS: 400 N DOUTY ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HANFORD REC. DEPT.	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: SEM HAR GEBREGZIABIHE

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:

-Routine Inspection-

The facility is used for events such as weddings. For events, the civic center doesn't supply customers with food, tupperware, etc. All supplies are available here however, the customer holding events bring in their own supplies. There aren't many events now due to COVID-19, however a few are still held from time to time.

All hand washing stations were fully stocked with soap, hot water, and paper towels.

Two compartment sink was supplied with soap and paper towels and hot water.

Dishwasher was off and not in use at the time of the inspection. The operator mentioned recent training that was completed with employees to safely and accurately use the dishwasher.

All restrooms on both ends of the facility were fully stocked with hot water, soap, and paper towels.

The facility is cleaned and well maintained by the staff routinely. It was mentioned during the inspection, the staff are always there maintain the facility especially during events.

Refrigeration unit was 38.7F when checked.

Overall well maintained and clean facility.

Thank you for your time.

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



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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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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[Handwritten signature]

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HANFORD CIVIC CENTER	BUSINESS PHONE: (559) 585-2529	RECORD ID#: PR0000503	DATE: May 03, 2021
FACILITY SITE ADDRESS: 400 N DOUITY ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HANFORD REC. DEPT.	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: No hot water was available at the facility at the 2 compartment sink that is also used as a hand washing station.

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

Description/Corrective Action: Dish washer was not functional at the time of the inspection. The facility must have a functional dishwasher before renting out the kitchen to vendors for use. The dishwasher must also dispense the correct concentration of sanitizer. Operator was handed out QAC and CL stripes to measure the concentration.

General Comments:

Cold holding unit was at 38F.

Hood was functional at the time of inspection.

The ice machine scoop was observed outside of the machine. Be sure to regularly clean the inside of the machine as well.

The operator will not be allowed to rent the facility until the hot running water is available and the dish washer is functional. Please contact our department and confirm that the facility has the two above violations corrected before we give the approval for opening and renting.

Thank you

RESULTS OF EVALUATION: <input 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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