



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: SUPER DRIVE IN	BUSINESS PHONE: (559) 992-4107	RECORD ID#: PR0000249	DATE: October 13, 2022
FACILITY SITE ADDRESS: 1300 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HAMDI HAMRAN/FAHD ALARBI	CERTIFIED FOOD MANAGER: Sam Adam	EXP DATE: 2/26/2023	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed debris build up on ice machine. Please ensure ice machine is clean and free of debris to prevent cross contamination.

Observed loose hand wash station. Please repair hand wash station and ensure sink is secure on wall.

General Comments:

The following was observed during today's routine inspection:

- CO2 tanks were chained and secured on wall.
- All hot holding food was above 135 F.
- All refrigeration units were at 41 F.
- Three compartment sink had hot water at 120 F.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Handwritten signature

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: SUPER DRIVE IN	BUSINESS PHONE: (559) 992-4107	RECORD ID#: PR0000249	DATE: December 20, 2021
FACILITY SITE ADDRESS: 1300 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: HAMDI HAMRAN/FAHD ALARBI	CERTIFIED FOOD MANAGER: Sam Adam	EXP DATE: 2/26/2023	INSPECTOR: Luis Flores - 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

General Comments:

The facility operator has re-installed a tankless hot water heater. The unit was confirmed as providing hot water at all points of use.

All refrigerated foods were observed to be held at below 41 F as required by the State Food Code.

The observed food handling practice was satisfactory.

The operator utilizes an approved digital probe thermometer for food temperature monitoring. The thermometer was checked and verified for accuracy.

Food product storage was satisfactory.

The general sanitation level also meets standards at this time.

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

Hamdi Hamran

Luis Flores - REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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: The facility does not currently have hot water supply within the building. According to the facility owner, he removed the site's tankless water heater due to a failure that occurred two days ago.

Be advised that hot water supply in a food preparation establishment is required at all times in the State of California. Failure to maintain hot water supply is cause for immediate closure of the facility per the State Food Code.

Therefore, this facility is hereby informed to either voluntarily close immediately until such time that an approved hot water system is installed in the establishment and verified by this department or the owner/operator will be required by the department to close until compliance is completed.

Upon discussion of this matter, the operator decided to voluntarily close his business until compliance is made. The owner contacted Pierotte's Plumbing of Hanford for immediate assistance.

Please contact the Kings County Health Department's Division of Environmental Health Services to schedule a re-inspection to verify compliance.

General Comments:

NOTICE OF CLOSURE:

Because of immediate danger to the public health and safety, the food vending permit to operate this food facility is hereby temporarily suspended and the facility ordered immediately closed under the authority of Section 113960 of the California Health and Safety Code.

You are hereby notified that you have a right to request a hearing within 15 days after receiving this notice to show cause why the permit suspension is not warranted. Your failure to request a hearing within 15 days shall be deemed a waiver of your right to a hearing.

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SUPER DRIVE IN	BUSINESS PHONE: (559) 992-4107	RECORD ID#: PR0000249	DATE: December 14, 2021
FACILITY SITE ADDRESS: 1300 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HAMDI HAMRAN/FAHD ALARBI	CERTIFIED FOOD MANAGER: Sam Adam	EXP DATE: 2/26/2023	INSPECTOR: Luis Flores - 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.

Please contact us at (559) 584-1441 should you have any questions regarding this notice.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input checked="" type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

Luis Flores - REHS

Agency Representative

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