

County of Kings - Department of Public Health

Environmental Health Serivces 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:	BUSINESS PHONE:	RECORD ID#:	DATE:		
DENNY'S	(559) 333-5006	PR0008915	January 14, 2022		
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:		
27585 BERNARD DR	KETTLEMAN CITY	93239	ROUTINE INSPECTION		
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:		
BOB SHIRALIAN/CHASE INC	Kaejon Ahmadi	10/20/2022	Luis Flores - REHS		
The items (if any) listed below identify the violation(s) that mo One reinspection will be conducted (if needed) at no charge.					
Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]					
water su assistan made to	Hot water supply was observed to not be fully functional at the time of inspection. Hot water supply was intermittent. The facility manager contacted Roto-Rooter for assistance. Upon being contacted, the service provider confirmed a site visit would be made today. The plumbing service corrected the hot water situation by approximately 4:30 PM.				
General Comments:			_		
All refrigerated foods were well below the 41 F cooked foods being held in warming units were A review of daily food temperature log book wa consistently meet State Food Code requiremer The dishwash machine final rinse sanitizer cycl requirement of 50 PPM. The level was monitor The facility walk-in box cooler/freezer, back foo well organized. Employee food manager and food handler cert	e well above the minimum requirements performed. Daily recordings shownts. It is chlorine concentration level was more at 200 PPM which meets the referred storage area, scullery area, and for	nt of 135 F which was yed both hot and cold nonitored well above erenced minimal leve good prep area were al	s also great. food temperatures the minimum		
RESULTS OF EVALUATION: PASS X	NEEDS IMPROVEMENT FA	Reinspection F			
			rate (On Oranter). IN/A		
			Potential Food Safety All Star:		
			· —		
		Luis Flores -	Potential Food Safety All Star:		

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DENNY'S	BUSINESS PHONE: (559) 333-5006	RECORD ID#: PR0008915	DATE: February 22, 2021			
FACILITY SITE ADDRESS: 27585 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: BOB SHIRALIAN/CHASE INC	CERTIFIED FOOD MANAGER: Kaejon Ahmadi	EXP DATE: 10/20/2022	INSPECTOR: Paven Batth			
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:						
Temperature Control: Proper hot and cold holding te filled in and up-to-date.	mperatures were measured during	the inspection. Te	emperature logs were			
Sanitation: Dishwasher and sanitation buckets were measured at 100 ppm of chlorine solution.						
California Food Safety Certification: Regulatory requirements such as certifications for food safety (i.e., Food Safety Manager Certification and California Food Handler Card) are obtained by this facility.						
Vermin/Pest Control: Pest control is serviced once every three weeks by Terminix.						
Hand Washing Station/Restroom: Hand washing station and restroom sink were fully stocked. Hot and cold running water was readily available as well.						
RESULTS OF EVALUATION: X PASS NEE		Reinspection Re	equired: Yes: No: X			
	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A			
-		P	otential Food Safety All Star:			
Modificative required du-lo (UUID- 19 prot-2-1		Paven Batth				
Received By:		Agency Representative				

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OFFICIAL INSPECTION REPORT

FACILITY NAME: DENNY'S	BUSINESS PHONE: (559) 333-5006	RECORD ID#: PR0008915	DATE: March 25, 2020
FACILITY SITE ADDRESS: 27585 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATION
OWNER NAME: BOB SHIRALIAN/CHASE INC	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE: 10/20/2022	INSPECTOR: Paven Batth
The items (if any) listed below identify the Health Code vio One reinspection will be conducted (if needed) at no charge			
Violation: None Noted			
Conservat Communitary			
General Comments:			
The facility has made their dining completely inaccest to minimize their wait.	ssible to customers and is encour	aging customers to	o call-in their orders
At this time all food sales are for DELIVERY or TAKI	E-OUT/PICK-UP ONLY.		
The staff is aware of social distancing by requesting staff. Only allow entry to customers that can safely I them to wait in their cars.			
Staff is practicing safe food handling procedures to pand WASH HANDS.	protect food from contamination, r	nonitor hot & cold I	nolding temperatures,
Staff uses sanitizing solution (chlorine 100ppm or Que the risk of contamination. All work surfaces should be			
Under no circumstances are employees who feel sic gastrointestinal (i.e. vomiting or diarrhea) symptoms	· · · · · · · · · · · · · · · · · · ·		sneezing) or
This facility was inspected today to review and verify Please contact our Department for further questions		afety practices are	being followed.
Reinspection Required: Yes: No: X	Reinspection Date (on or af	ter): Not Sp	ecified
			Paven Batth
		Environmental Health	n Specialist
Received By:			

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