



**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**

<b>FACILITY NAME:</b> THE HANFORD SENIOR CENTER / VETERAN'S HALL	<b>BUSINESS PHONE:</b> (559) 585-2525	<b>RECORD ID#:</b> PR0008981	<b>DATE:</b> February 14, 2022
<b>FACILITY SITE ADDRESS:</b> 401 N IRWIN ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CITY OF HANFORD PARKS AND RECREATION	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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-

Both hand washing sinks were supplied with soap, paper towels, and hot water.

All dry storage was well organized, clean, and six inches above the ground.

At the time of inspection a senior event was held. The facility was well maintained during this event. Refrigeration units were 41F and below. Freezer unit was -2.1F and below.

Ice machine was not used and was turned off. Please clean this before using it again.

Overall well maintained facility.

Thank you for your time.

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

*SEM HAR GEBREGZIABIHE*

Received By: \_\_\_\_\_

\_\_\_\_\_  
Agency Representative

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



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> THE HANFORD SENIOR CENTER / VETERAN'S HALL	<b>BUSINESS PHONE:</b> (559) 585-2525	<b>RECORD ID#:</b> PR0008981	<b>DATE:</b> May 03, 2021
<b>FACILITY SITE ADDRESS:</b> 401 N IRWIN ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CITY OF HANFORD PARKS AND RECREATION	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** None Noted

**General Comments:**

The facility is now primarily used by the Veterans club.  
The cold holding units were at 39F and are only used to store minimum personal items of the club and the members.  
The hood was functional at the time of the inspection.  
The hand washing station was observed fully stocked.  
No food prep occurs at this facility. The members bring ready to eat foods and the facility is used mainly for storage or re-heating and serving.  
Thank you

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

*Yatee Patel - REHS*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> THE HANFORD SENIOR CENTER / VETERAN'S HALL	<b>BUSINESS PHONE:</b> (559) 585-2525	<b>RECORD ID#:</b> PR0008981	<b>DATE:</b> October 09, 2020
<b>FACILITY SITE ADDRESS:</b> 401 N IRWIN ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CITY OF HANFORD PARKS AND RECREATION	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang - 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:

Due to the current COVID-19 pandemic, the facility is not utilizing or renting out its kitchen and facility.

Please contact this office when operation resumes so a routine inspection can occur.

A copy of this report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang - REHS

Agency Representative

Received By:

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