



Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
330 Campus Dr. Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - www.countyofkings.com/health/ehs

INSPECTION REPORT

FOOD VENDING PERMIT - GR7 (>1 mil)

Facility Name	Facility Address	City/State	Zip Code	
IN-N-OUT BURGERS #291	280 S 12TH AVE	HANFORD, CA	93230	
Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result	
LYNSI SNYDER-ELLINGSON, PRESIDENT	6268138200	25977	Pass	
Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
Chaitanya Patel	12/1/2023	Routine Inspection	PR0009319	12/1/2024

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date of correction as listed per violation.

NVO = No Violation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

Overall Inspection Comment:

A routine inspection was conducted and following was observed.
Time as public health control used for sliced tomatoes and onions. Used with four hours or taken off the serving line. All prep food has time stamps for use by times and dates.
Soda nozzles in the drive thru area and in the lobby area noted clean and free of buildup.
Hot water temperature at the handwash sink and dishwasher sink were noted to be above 120°F.
Hand wash sink was properly stocked with paper towels, soap, and running hot water.
Refrigeration units noted below 41°F. Proper refrigeration procedures were observed. Uncooked Beef Patties were stored in a separate area from produce.
Cold holding temperature in the food prep line for lettuce and cheese slices were noted below 41°F
Ventilation hood above the cooking area was noted clean with minor grease buildup.
Food manager, certificate active and present on site.
General cleanliness in satisfactory condition.

ATTENTION: There are a total of 0 item(s) marked above in violation. Total Major violations are 0.



Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
330 Campus Dr. Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - www.countyofkings.com/health/ehs

INSPECTION REPORT

FOOD VENDING PERMIT - GR7 (>1 mil)

Signatures

Received By:

Inspected By:

Inspector Name: **Chaitanya Patel**

Title: **Environmental Health Officer I**

Date: **12/1/2023**

Phone: **559-584-1411**

Email: **Chaitanya.Patel@co.kings.ca.us**



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: IN-N-OUT BURGERS #291	BUSINESS PHONE: (949) 509-6315	RECORD ID#: PR0009319	DATE: May 05, 2022
FACILITY SITE ADDRESS: 280 S 12TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LYNSI SNYDER-ELLINGSON, PRESIDENT	CERTIFIED FOOD MANAGER: KAYLA PEREZ	EXP DATE: 3/10/2025	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed the sanitizer dispenser as well as the soap dispenser, at the hand washing station in the back to have dust and debris on the surface. This was cleaned when mentioned.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The pipe underneath the food prep sink was leaking. Please have this fixed by 5/20/2022. Please use caution when working near that area to avoid potential tripping hazard.

General Comments:

Observations:

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

The three compartment sinks and sanitizer buckets were at 200 ppm (ammonium).

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

All refrigeration units were functioning properly at 41F and below.

The freezer unit was functioning properly at 0F and below.

All employees were practicing proper food handling by washing their hands frequently and when transitioning to a new task.

Restrooms were well maintained and were fully stocked with hot water soap and paper towels.

Food handler and food manager cards were available and up to date.

Pest control reports were available for review. The last service date was 4/29/22.

Please send a copy of the invoice for the maintenance done on the pipe to the department.

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



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: IN-N-OUT BURGERS #291	BUSINESS PHONE: (949) 509-6315	RECORD ID#: PR0009319	DATE: May 05, 2022
FACILITY SITE ADDRESS: 280 S 12TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LYNSI SNYDER-ELLINGSON, PRESIDENT	CERTIFIED FOOD MANAGER: KAYLA PEREZ	EXP DATE: 3/10/2025	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.

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:
---	--

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative _____

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