

## **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:	
JACKPOT	(559) 587-5004	PR0011182	September 15, 2022	
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:	
705 W GRANGEVILLE BLVD	HANFORD	93230	ROUTINE INSPECTION	
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:	
ALI AZIZUDDIN	Not Specified		Veronica Ochoa -REHS	
The items (if any) listed below identify the violation(s) that must be	• •			
One reinspection will be conducted (if needed) at no charge. A ser	vice fee is assessed for each additional re	nspection required.		
Violation: IMPROPER MAINTENANCE OF HANDWA	PER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]		SC 113953 - 113593.2]	
Description/Corrective Action: The back hand wash station did not have paper towels in the paper towel dispenser.				
	ure all hand wash station are equipped with hot water, soap, and paper			
towels.				
General Comments:				
The facility was equipped with hot water.				
The cold holding storing potentially hazardous foods	measured below 41F.			
Currently, the facility solely sells prepackaged food it	tems as the facility is unequipped to	make hot food ite	ems.	
		Reinspection Re	equired: Yes: No: X	
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A	
			otential Food Safety All Star:	
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1				
h.				
		Veronica Ochoo	ı -REHS	
Described Dur		Agonov Poprocontativo		
Received By:		Agency Representative		

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

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#### FOOD SAFETY EVALUATION REPORT

FACILITY NAME: JACKPOT	BUSINESS PHONE: (559) 587-5004	RECORD ID#: PR0011182	<b>DATE:</b> June 22, 2022
FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD	CITY: HANFORD	<b>ZIP CODE</b> : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ALI AZIZUDDIN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: SEMHAR 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 FACILITY OR EQUIPMENT

[HSC 114161-114182 & 114257]

Description/Corrective Action: Observed trash and dust build up in one of the cabinets below the ice cream machine.

Please clean this as soon as possible.

Observed syrup build up on the soda machine. Please sanitize both soda machines as

soon as possible.

Violation: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

Description/Corrective Action: Both freezers holding prepackaged ice cream did not have thermometers. This was

corrected on site.

### **General Comments:**

Observations:

Restrooms were well maintained and had hot water, soap, and paper towels.

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

All freezer units were functioning properly at 0F and below.

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

Overall this facility is in satisfactory condition.

Thank you for your time.

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RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAIL	Reinspection Re	
Received By:		EMHAR GEBRE Agency Represe	

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