

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:		CORD ID#:	DATE:	
CHUBBY'S DINER	(559) 583-8888	PRO	0009307	September 12, 2022	
FACILITY SITE ADDRESS: 395 CAMPUS DR	CITY: HANFORD	ZIP 932	CODE:	INSPECTION TYPE: ROUTINE INSPECTION	
OWNER NAME: LIPING WANG	CERTIFIED FOOD MAN Hugo Vargas		P DATE: 2/2024	INSPECTOR: Evelyn Elizalde	
		0,12			
The items (if any) listed below identify the violat One reinspection will be conducted (if needed) a		• •	ction required.		
Violation: IMPROPER HOLDING OF RAW SHELL EGGS			[HSC 114373]		
Description/Corrective Action:	Observed raw eggs stored outside near food prep line. Please refrigerate eggs in reach in or walk in unit and remove when needed.				
Violation: FOODS & EQUIPMENT N	Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATIO		[HSC 113980, 114025-114027]		
Description/Corrective Action:	Observed frozen patties stored in reach in refrigerator adjacent to food prep line not stored correctly. Violation corrected on site and operator provided a container with lid for frozen patties.				
Violation: IMPROPER MAINTENAN	CE OF FACILITY OR EQUIPMENT		[HSC 114161-114182 & 114257]		
Description/Corrective Action:	Observed grease build up on hood fire.	I. Please service h	Please service hood to prevent potential grease		
General Comments:					
The following was observed during t	oday's inspection:				
Hand wash station had hot water, pa All food in dry storage area was stor Three compartment sink had hot wa All refrigerations units were at 41 F.	ed 6 inches above ground.				
		R	einspection Red	quired: Yes: No: X	
RESULTS OF EVALUATION:	ASS X NEEDS IMPROVEMENT		einspection Dat	te (on or after): N/A	
				otential Food Safety All Star:	
und			Evelyn Eliza	lde	
Received By:		Agency Representative			

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:		BUSINESS PHONE:	RECORD ID#:	DATE:			
CHUBBY'S DINER		(559) 583-8888	PR0009307	September 02, 2021			
FACILITY SITE ADDRESS:		CITY:	ZIP CODE:	INSPECTION TYPE:			
395 CAMPUS DR		HANFORD	93230	ROUTINE INSPECTION			
OWNER NAME:		CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:			
LIPING WANG		Hugo Vargas	6/12/2024	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: IMPROPER HOLDING OF	RAW SHELL E	GGS		[HSC 114373]			
Description/Corrective Action:		erved raw eggs outside for use. Please keep all raw eggs inside the reach in and remove inventory that is for immediate use.					
Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMEN		ND EQUIPMENT	[HSC 114095-114099.5 & 114101-114119]				
Description/Corrective Action:		l utensils and equipment that is used for holding or placing food utensils shall be kept ean. Keep the dish washing area clean to avoid vermin infestation.					
Violation: IMPROPER THAWING OF	IAWING OF FROZEN FOODS		[HSC 114020]				
Description/Corrective Action:	Observed meat outside for thawing. Please thaw correctly by either placing the frozen meat item inside the reach-in or under cold running water. Do not thaw in ambient temperature.						
Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT		[HSC	[HSC 114161-114182 & 114257]				
Description/Corrective Action:	Description/Corrective Action: The facility is in need of cleaning, organizing and re-arranging such that it d create accumulation of equipment and litter.						
	The facility ne	eeds to clean the dipping well. Obs	erved dirty.				

General Comments:

Hot holding foods was observed at 140F.

Cold holding units and walk-in was observed at 38F.

Please be sure to keep scoop outside of ice machine or use the handle provided to avoid cross contamination.

Be be sure to practice all food handling practices.

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CHUBBY'S DINER	BUSINESS PHONE: (559) 583-8888	RECORD ID#: PR0009307	DATE: September 02, 2021				
FACILITY SITE ADDRESS: 395 CAMPUS DR	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION				
OWNER NAME: LIPING WANG	CERTIFIED FOOD MANAGER: Hugo Vargas	EXP DATE: 6/12/2024	INSPECTOR: 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.							
		Reinspection Re	equired: Yes: No: X				
RESULTS OF EVALUATION: PASS X NEE	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A				
			otential Food Safety All Star:				
UMm mod		Yatee Patel					

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