

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: JACK IN THE BOX		BUSINESS PHONE: (909) 214-9247		RECORD ID#: PR0010913	DATE: September 30, 2022
FACILITY SITE ADDRESS: 1518 N 11TH AVE		CITY: HANFORD		ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SANJIV BHAGAT		CERTIFIED FOOD MANA Nicole Fuentes	GER:	EXP DATE: 8/12/2025	INSPECTOR: Evelyn Elizalde
The items (if any) listed below identify the violatio One reinspection will be conducted (if needed) at	• •		•		
Violation: IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL Description/Corrective Action: Observed the waste water line from the dishwasher to the floor sink not placed correctly. Please correct wastewater line at floor sink to prevent any wastewater overflow onto floor or any potential slip hazards.					
General Comments:					
The following was observed during today's routine inspection:					
All refrigeration units were at or below 41 F. All food in dry storage area was stored 6 inches above ground. CO2 tanks were chained and secured on wall. Hand wash stations had hot water, paper towels and soap. Three compartment sink had hot water at 120 F. Sanitizer buckets were available throughout food prep areas and are replaced on a time basis.					
Reinspection Required: Yes: No:				equired: Yes: No: X	
RESULTS OF EVALUATION: PAS	S X NEE	DS IMPROVEMENT	FAIL	Reinspection Da	ite (on or after): N/A
				□ P	otential Food Safety All Star:
Received By:		_		Evelyn Eliza Agency Represe	

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: JACK IN THE BOX	BUSINESS PHONE: (909) 214-9247	RECORD ID#: PR0010913	DATE: January 20, 2022
FACILITY SITE ADDRESS: 1518 N 11TH AVE	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SANJIV BHAGAT	CERTIFIED FOOD MANAGER: Nicole Fuentes	EXP DATE: 8/12/2025	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: None Noted

General Comments:

Observations:

Hand washing stations were supplied with soap, paper towels, and hot water.

Restrooms were supplied with hot water, soap, paper towels, and air blower.

All refrigeration units holding burger meat, cheese, lettuce, tomatoes etc. were holding at 41F and below. Each food item was labeled with best used by dates.

All freezer units holding cheese, burger meat, hash browns etc. were at 0F and below. Each food item was labeled with best used by dates.

Dry storage was well maintained and organized with best used by dates.

Dishwasher sanitizer levels were at 50 ppm (chlorine).

Seal the tile with grout or sealant around the fryer for easy cleaning.

Overall well maintained facility.

Thank you for your time.

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OWNER NAME: SANJIV BHAGAT	CERTIFIED FOOD MANAGER: Nicole Fuentes	EXP DATE: 8/12/2025	INSPECTOR: SEMHAR GEBREGZIABIHE
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		Reinspection Re	equired: Yes: No: X
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT FAIL	· _	ate (on or after): N/A
		<u> </u>	Potential Food Safety All Star:
Derny Baw		SEMHAR GEBRE	GZIABIHE
Received By:		Agency Represe	entative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:		BUSINESS PHONE:		RECORD ID#:	DATE:
JACK IN THE BOX #563		(559) 625-4887		PR0000289	September 01, 2020
FACILITY SITE ADDRESS:		СІТҮ:		ZIP CODE:	INSPECTION TYPE:
1518 N 11TH AVE		HANFORD		93230	ROUTINE INSPECTION
OWNER NAME:		CERTIFIED FOOD MANAG	ER:	EXP DATE:	INSPECTOR:
VTP ENTERPRISES		DANA RINCON		9/15/2021	Yatee Patel - REHS
he items (if any) listed below identify the violati one reinspection will be conducted (if needed) a	` '		-		
Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]					
Description/Corrective Action: Please be sure all sanitizer buckets have enough concentration to last the two hours to meet the restaurant protocol. Use measuring stripes to measure periodically and change the water as needed.					
General Comments:					
All cold and hot foods measured duri	ing the inspection	on was satisfactory, inclu	ıding the gri	ll and all the wa	lk in units.
The sanitizer level in the dish washe	r was 50ppm.				
All employees observed with face co	verings, this de	partment recommends t	ne covering	covers both the	e mouth and nose.
Temperature checks are done for all	employees befo	ore starting the shift.			
Observed employees washing hands	s correctly.				
Hand washing station was fully stock	ked.				
Temperature logs are filled in 3 times	s a day.				
Thank you - No signature due to Cov	vid-19 precautio	ns.			
				Reinspection	Required: Yes: No: X
RESULTS OF EVALUATION: X PA	SS NEE	DS IMPROVEMENT	FAIL	Reinspection	Date (on or after): N/A
					Potential Food Safety All Star

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