

### **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**

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES  Description/Corrective Action: Hand soap was available for handwashing but a paper towel roll/dispenser is also required.  Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES  Description/Corrective Action: Food handler certification is required for the bar. Please obtain or renew it within 30 days.  General Comments:  Routine inspection -  Observed refrigerated temperatures below 41F.  The chlorine sanitizer level for the dishwasher was 100ppm.  In general improve the overall maintenance and cleaning of the bar area.						
Commentaries   Comm						
1050 E LACEY BLVD  MANFORD  MAPFORD  MANFORD  MANFORD  MAPFORD  MANFORD  MANFORD  MAPFORD  MANFORD  MAPFORD  MANFORD  MAPFORD  MANFORD  MANFORD  MAPFORD  MANFORD  MAPFORD  MANFORD  MAPFORD  MANFORD  MANFORD  MAPFORD  MANFORD  MAPFORD  MANFORD  MANFORD  MANFORD  MANFORD  MAPFORD  MANFORD  MAPFORD  MANFORD  MAPFORD  MANFORD  MANFORD  MAPFORD  MAPFORD  MALTELLIBRA Stransky - REHS  MANFORD  MAPFORD	KINGS COUNTY BOWL/BAR		(559) 582-1036		PR0000136	November 08, 2021
OWNER NAME: TOM ROSS    CERTIFIED FOOD MANAGER:   Not Specified   Not Specified   Not Specified   Not Specified   Liliana Stransky - REHS						
TOM ROSS  Not Specified  Liliana Stransky - REHS  he items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. he 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  Description/Corrective Action: Hand soap was available for handwashing but a paper towel roll/dispenser is also required.  Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES  Description/Corrective Action: Food handler certification is required for the bar. Please obtain or renew it within 30 days.  General Comments:  Routine inspection -  Observed refrigerated temperatures below 41F.  The chlorine sanitizer level for the dishwasher was 100ppm.  In general improve the overall maintenance and cleaning of the bar area.  RESULTS OF EVALUATION: PASS X NEEDS IMPROVEMENT FAIL  Reinspection Date (on or after): N/A  Potential Food Safety All Star:	1050 E LACEY BLVD		HANFORD		93230	ROUTINE INSPECTION
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Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]  Description/Corrective Action: Hand soap was available for handwashing but a paper towel roll/dispenser is also required.  Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES  Description/Corrective Action: Food handler certification is required for the bar. Please obtain or renew it within 30 days.  General Comments:  Routine inspection -  Observed refrigerated temperatures below 41F.  The chlorine sanitizer level for the dishwasher was 100ppm.  In general improve the overall maintenance and cleaning of the bar area.  RESULTS OF EVALUATION: PASS X NEEDS IMPROVEMENT FAIL Reinspection Date (on or after): NA Potential Food Safety All Star:  Liliana Stransky - REHS	TOM ROSS		Not Specified			Liliana Stransky - REHS
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Potential Food Safety All Star:  Liliana Stransky - REHS					Reinspection Re	equired: Yes: No: X
Liliana Stransky - REHS	RESULTS OF EVALUATION: PASS	X NEE	DS IMPROVEMENT	FAIL	Reinspection Da	ate (on or after): N/A
					☐ P	otential Food Safety All Star:
Received By: Agency Representative	Kund	<b>~</b> ^			Liliana Stransky	- REHS
	Received By:		•		Agency Represe	entative

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



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### **FOOD SAFETY EVALUATION REPORT**

FACILITY NAME: KINGS COUNTY BOWL/BAR	BUSINESS PHONE: (559) 582-1036	RECORD ID#: PR0000136	<b>DATE:</b> May 05, 2021				
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	<b>ZIP CODE</b> : 93230	INSPECTION TYPE: ROUTINE INSPECTION				
OWNER NAME: TOM ROSS	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	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.							
Violation: IMPROPER MAINTENANCE OF HANDA		SC 113953 - 113593.2]					
<b>Description/Corrective Action:</b> Observed no single serve paper towel on site. Operator uses hand towels in place of single serve paper towels. Please provide paper towels for correct hand washing procedures.							
General Comments:							
Sanitizer level was observed at 50ppm of Chlorine.							
3 compartment sink had hot running water.							
No food is served or prepped in the bar area.							
Thank you							
		Reinspection Re	equired: Yes: No: X				
RESULTS OF EVALUATION: X PASS NE	EDS IMPROVEMENT FAIL	Reinspection Da	ite (on or after): N/A				
		□ P	otential Food Safety All Star:				
7A PE	_	Yatee Patel	REHS				
Received By:		Agency Represe	entative				

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FACILITY NAME: KINGS COUNTY BOWL/BAR	BUSINESS PHONE: (559) 582-1036	<b>RECORD ID#</b> : PR0000136	<b>DATE:</b> October 14, 2020				
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	<b>ZIP CODE</b> : 93230	INSPECTION TYPE: ROUTINE INSPECTION				
OWNER NAME: TOM ROSS	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	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.							
Violation: None Noted							
General Comments:							
Due to covid-19, our department has not conducted a routine inspection for this year. The facility has remained closed. This report serves as a document for records keeping.							
Please contact our department if you have any questions. Once the bowling area/bar is permitted to open to the public, we will contact a routine inspection for food/beverage safety.							
Thank you							
		Reinspection Re	equired: Yes: No: X				
RESULTS OF EVALUATION: PASS NEED	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A				
		I P	otential Food Safety All Star				

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