



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: KINGS COUNTY BOWL/BAR	BUSINESS PHONE: (559) 582-1036	RECORD ID#: PR0000136	DATE: November 08, 2021
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM ROSS	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky - 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 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 NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By: 

Liliana Stransky - REHS
Agency Representative

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	DATE: May 05, 2021
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	ZIP CODE: 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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: 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

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:

TR

Received By: _____

Yatee Patel - REHS
Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KINGS COUNTY BOWL/BAR	BUSINESS PHONE: (559) 582-1036	RECORD ID#: PR0000136	DATE: October 14, 2020
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	ZIP CODE: 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

RESULTS OF EVALUATION: <input 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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

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