



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: GOLDEN HARVEST APOSTOLIC CHURCH	BUSINESS PHONE: (559) 587-1464	RECORD ID#: PR0003878	DATE: March 02, 2022
FACILITY SITE ADDRESS: 11914 2nd PL	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MICHAEL J COTTON	CERTIFIED FOOD MANAGER: BEVERLY BROOKS	EXP DATE: 3/17/2020	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: None Noted

General Comments:

An attempt to conduct an inspection was made by the department. Beverly Brooks at 559-639-7442 responded to phone messages and stated she is in charge of the kitchen facility for Golden Harvest. She indicated that the church has not operated the kitchen since the start of Covid and they don't plan to operate it at this time. Since the kitchen is not in use by church members or the public, the food vending permit will not be issued and inspections are not been done by our department.

Prior to re-opening the kitchen, please contact our department to schedule a routine inspection. A copy of this report will be mailed to Mrs. Brooks for their records. You can reach our department at 559-584-1411 at any time you have any questions.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
--	--

mailed report

Received By: _____

Liliana Stransky - REHS

Agency Representative

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



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: GOLDEN HARVEST APOSTOLIC CHURCH	BUSINESS PHONE: (559) 587-1464	RECORD ID#: PR0003878	DATE: September 29, 2020
FACILITY SITE ADDRESS: 11914 2nd PL	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MICHAEL J COTTON	CERTIFIED FOOD MANAGER: BEVERLY BROOKS	EXP DATE: 3/17/2020	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:

This department contacted the Church for a routine inspection, however the kitchen is no longer in use due to Covid-19 for mass gathering.

This report can be used for your facilities documentation. Please contact our department if you can have any questions or concerns. Contact our department once the kitchen is in use.

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:

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



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: GOLDEN HARVEST APOSTOLIC CHURCH	BUSINESS PHONE: (559) 587-1464	RECORD ID#: PR0003878	DATE: July 11, 2019
FACILITY SITE ADDRESS: 11914 2nd PL	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MICHAEL J COTTON	CERTIFIED FOOD MANAGER: BEVERLY BROOKS	EXP DATE: 3/17/2020	INSPECTOR: Rumi Chhina

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:

- Conducted a routine inspection of this facility and noted the following:
- Ambient temperatures of all cold holding units were noted at or below 41F.
 - Hand washing station was fully stocked with soap, paper towels and hot water available.
 - Restrooms were fully stocked with soap, paper towels and hot water available.

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

Beverly A Brooks

Rumi Chhina

Received By: _____

Agency Representative _____

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