

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: AVERAGE JOE'S GRILL		BUSINESS PHONE: (559) 380-7797	RECORD ID#: PR0010397	DATE: February 26, 2020		
FACILITY SITE ADDRESS: 1050 E LACEY BLVD		CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION		
OWNER NAME: RYAN A. WHEAT		CERTIFIED FOOD MANAGER: JOHN WHEAT	EXP DATE: 7/17/2023	INSPECTOR: Yatee Patel - REHS		
The items (if any) listed below identify the violation. One reinspection will be conducted (if needed) at	* *					
Violation: FOODS & EQUIPMENT NO	T PROTECTE	D FROM CONTAMINATION	[HS	C 113980, 114025-114027]		
Description/Corrective Action:	=	served inside ice bin by the so ce to avoid cross contact with		eep scoop outside on		
Violation: IMPROPER FOOD TEMPE	RATURE MON	IITORING		[HSC 113998 & 114000]		
Description/Corrective Action:	This departm	ent will require temperature lo	-	all the units and also final cooking at least two times in the business		
Violation: IMPROPER COLD HOLDIN	IG TEMPERAT	URE(S)		[HSC 113996]		
Description/Corrective Action:	in cold unit m	ay have been broken. Operato ially hazardous foods. The refi	s were measured at or above 65F. The reach ors are aware and volunteered to throw out rigeration repair personnel was on site to			
General Comments:				_		
Dish washer was 100ppm of chlorine	concentration.					
Monitor the reach in unit and keep loo	gs for review.					
Thank you						
RESULTS OF EVALUATION: PAS	SS X NEE	DS IMPROVEMENT F		Required: Yes: No: X Date (on or after): N/A Potential Food Safety All Star:		
Solm Wh	et		Yatee Patel	- REHS		
Received By:			Agency Representative			

DA1W2XPZB 11:19 AM Page 1 of 1



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:		RECORD ID#:	DATE:		
AVERAGE JOE'S GRILL	(559) 380-7797		PR0010397	August 27, 2019		
FACILITY SITE ADDRESS:	CITY:		ZIP CODE:	INSPECTION TYPE:		
1050 E LACEY BLVD	HANFORD		93230	ROUTINE INSPECTIO	N	
OWNER NAME:	CERTIFIED FOOD MANAG	GER:	EXP DATE:	INSPECTOR:		
RYAN A. WHEAT	JOHN WHEAT		7/17/2023	Liliana Stransky - REHS		
the items (if any) listed below identify the violation(s) that must be only reinspection will be conducted (if needed) at no charge. A serv	•	•				
Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT		[HSC 114095-114099.5 & 114101-114119]				
•	ner was dispensing chlore it's able to rinse dish		• • •	•	Γ	
Violation: FOODS & EQUIPMENT NOT PROTECTE	D FROM CONTAMINA	ATION	[HSC	[HSC 113980, 114025-114027]		
Description/Corrective Action: Please keep t	the ice scoop outside the	ne ice bin and	d clean it frequent	ly to prevent build-u	p.	
* Observed cold holding temperatures at or below 41 the prep unit were 35F. Refrigerators were organize * The hand washing station had soap, paper towels a Overall the cooking equipment was noted clean and Please correct the noted deficiencies in a timely man	ed and clean. and hot water available free from grease accur	.	t was 38F and the	tomatoes inside		
RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT	FAIL	Reinspection Re		No: X N/A N/Star:	
Received By:	-		Liliana Stransky Agency Represe		_	

DAOCUZFTH 11:18 AM Page 1 of 1

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AVERAGE JOE'S GRILL	BUSINESS PHONE: (559) 380-7797	RECORD ID#: PR0010397	DATE: July 27, 2018
FACILITY SITE ADDRESS: 1050 E LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RYAN A. WHEAT	CERTIFIED FOOD MANAGER: JOHN WHEAT	EXP DATE: 7/17/2013	INSPECTOR: Yatee Patel - REHS
The items (if any) listed below identify the violation(s) that must be One reinspection will be conducted (if needed) at no charge. A ser			
Violation: None Noted			
General Comments:			_
New owners taking over this weekend.			
Facility is not changing menu nor adding new equipr	ment.		
Hot and cold holding units were satisfactory.			
Ice machine is in good condition.			
3 compartment sink set up okay - bleach available a	nd stripes on site to use.		
Over all facility is in good operation to take over.			
Thank you			
		Reinspection I	Required: Yes: No: X
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT FAIL	Reinspection I	Date (on or after): N/A
			Potential Food Safety All Star:
N		•	
John what		Yatee Patel	- REHS
Received By:		Agency Repre	sentative

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

DA8ZMJPTU 10:52 AM Page 1 of 1