



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**

<b>FACILITY NAME:</b> MOUNTAIN MIKE'S PIZZA	<b>BUSINESS PHONE:</b> (559) 585-1135	<b>RECORD ID#:</b> PR0009767	<b>DATE:</b> February 24, 2021
<b>FACILITY SITE ADDRESS:</b> 820 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KEN TURNER	<b>CERTIFIED FOOD MANAGER:</b> JOSEPH BAXTER	<b>EXP DATE:</b> 8/7/2024	<b>INSPECTOR:</b> 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:**

The automatic dish washer machine measured at 50ppm of Chlorine solution. Please be sure to monitor the machine for it to correctly dispense the desired amount of concentration. The operator needs to use the stripes available in order to measure the concentration.

All cold holding units were at or below 41F.

Pizza is only prepped for to-go and delivery. No indoor seating is allowed for now.

Hand washing station was fully stocked.

Sanitizer is used for cleaning food surfaces and counter spaces.

Over all the food facility was in good operating condition.

Thank you

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: \_\_\_\_\_

*Yatee Patel - REHS*  
\_\_\_\_\_  
Agency Representative

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



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**OFFICIAL INSPECTION REPORT**

<b>FACILITY NAME:</b> MOUNTAIN MIKE'S PIZZA	<b>BUSINESS PHONE:</b> (559) 585-1135	<b>RECORD ID#:</b> PR0009767	<b>DATE:</b> March 25, 2020
<b>FACILITY SITE ADDRESS:</b> 820 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> PUBLIC INFORMATION/EDUCATIOI
<b>OWNER NAME:</b> KEN TURNER	<b>Program Description:</b> 1107 - KINGS DPH COVID-19	<b>EXP DATE:</b> 10/10/2019	<b>INSPECTOR:</b> Yatee Patel - REHS

The items (if any) listed below identify the Health Code 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:**

The facility has made their dinning completely inaccessible to customers and is encouraging customers to call-in their orders to minimize their wait.

At this time all food sales are for DELIVERY or TAKE-OUT/PICK-UP ONLY!!

The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff. Only allow entry to customers that can safely keep the same distance between them while they wait or encourage them to wait in their cars.

Staff is practicing safe food handling procedures to protect food from contamination, monitor hot & cold holding temperatures, and WASH HANDS.

Staff uses sanitizing solution (chlorine 100ppm or QAC 200ppm) for wiping down all counters and work surfaces to reduce the risk of contamination. All work surfaces should be cleaned and sanitized frequently to prevent contamination.

Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

An investigation was conducted today to review and verify the above food and employee safety practices are being followed. The report will be emailed to the owner/operator. Please contact our Department for further questions.

**Reinspection Required:** Yes:  No:  **Reinspection Date (on or after):** Not Specified

*Yatee Patel - REHS*

\_\_\_\_\_  
 Environmental Health Specialist

Received By: \_\_\_\_\_



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> MOUNTAIN MIKE'S PIZZA	<b>BUSINESS PHONE:</b> (559) 585-1135	<b>RECORD ID#:</b> PR0009767	<b>DATE:</b> August 29, 2019
<b>FACILITY SITE ADDRESS:</b> 820 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KEN TURNER	<b>CERTIFIED FOOD MANAGER:</b> KEN A. TURNER	<b>EXP DATE:</b> 10/10/2019	<b>INSPECTOR:</b> 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Dish washer did not dispense sanitizer. Please contact Ecolab to solve the problem.  
 The 3 compartment sink was in use and measured 200ppm of QAT.

No sanitizer stripes were available to measure the concentration on site.

**General Comments:**

Hand washing station was fully stocked.

Cold holding unit was at 41F or lower. Be sure to clean the ceiling of the walk in .Observed debri/mold on the ceiling where the fan is located. No food products were directly underneath.

The facility must have a PIC ( Person in Charge ) at the facility at all times.

Thank you

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

*M. Rodriguez*

Received By:

*Yatee Patel - REHS*

Agency Representative

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