

# **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:	BUSINESS PHONE:	RECORD ID#:	DATE:			
MICHOACAN ICE CREAM	(559) 587-0132	PR0009890	February 03, 2021			
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:			
1285 N 10TH AVE	HANFORD	93230	ROUTINE INSPECTION			
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:			
MICHOACAN ICE CREAM	Alfonso Fernandez	3/24/2024	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 has attempted to perform a routine inform our department or if you have different operat department to schedule an appointment.	•	,				
Thank you						
	DS IMPROVEMENT FAIL	Reinspection R	equired: Yes: No: X			
RESULTS OF EVALUATION: PASS NEED		Reinspection D	ate (on or after): N/A			
		Potential Food Safety All Star:				

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# **OFFICIAL INSPECTION REPORT**

FACILITY NAME: MICHOACAN ICE CREAM	<b>BUSINESS PHONE:</b> (559) 587-0132	RECORD ID#: PR0009890	<b>DATE:</b> March 26, 2020
FACILITY SITE ADDRESS: 1285 N 10TH AVE	CITY: HANFORD	<b>ZIP CODE:</b> 93230	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATION
OWNER NAME: MICHOACAN ICE CREAM	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE: 3/24/2024	INSPECTOR: Liliana Stransky - REHS
The items (if any) listed below identify the Health Code vio One reinspection will be conducted (if needed) at no charge	` '	•	•
Violation: None Noted			
General Comments:			
The facility has made their lobby completely inacces to minimize their wait.	sible to customers and is encouraç	jing customers to	call-in their orders
At this time all food sales are for TAKE-OUT/PICK-L	IP ONLY!!		
The staff is practicing social distancing by requesting and staff. Only allow entry to customers that can sa encourage them to wait in their cars.			
Staff is practicing safe food handling procedures to particle temperatures, and WASH HANDS.	protect food from contamination, m	onitor hot & cold	holding
Staff uses sanitizing solution (chlorine 100ppm or Que the risk of contamination. All work surfaces should be	,		
Under no circumstances are employees who feel sic gastrointestinal (i.e. vomiting or diarrhea) symptoms		ever, coughing or	sneezing) or
An investigation was conducted today to review and followed. A copy of this summary will be emailed to questions.		• •	
Reinspection Required: Yes: No: X	Reinspection Date (on or after	er): Not Sp	ecified
		Lilia	na Stransky - REHS
Received By:	<u>E</u> r	ovironmental Health	n Specialist
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# **FOOD SAFETY EVALUATION REPORT**

FACILITY NAME: MICHOACAN ICE CREAM	BUSINESS PHONE: (559) 587-0132	RECORD ID#: PR0009890	<b>DATE:</b> June 07, 2019			
FACILITY SITE ADDRESS: 1285 N 10TH AVE	CITY: HANFORD	<b>ZIP CODE:</b> 93230	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: MICHOACAN ICE CREAM	CERTIFIED FOOD MANAGER: Alfonso Fernandez	EXP DATE: 3/24/2024	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 no	ted the following:					
- Ambient temperatures of all cold holding units were noted at or below 41 F.						
- Hand washing Stations were fully stocked with soap, paper towels and hot water was available.						
- Facility was clean and well-maintained.						
- Operator has food manager certification.						
RESULTS OF EVALUATION: X PASS NEE	DS IMPROVEMENT FAIL	Reinspection Re				
		P	otential Food Safety All Star:			
Dokard Sment		Rumi Chhi	ina			
Received By:	<del></del>	Agency Representative				

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

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