

### 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:		
FACILITY NAME: COMFORT INN FACILITY SITE ADDRESS: 10 N IRWIN ST		(925) 785-3697 CITY: HANFORD	PR0010680	March 25, 2022		
			ZIP CODE:	INSPECTION TYPE: ROUTINE INSPECTION		
			94507			
OWNER NAME:		CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:		
SAM PATEL		Virginia Sanchez	12/15/2024	SEMHAR GEBREGZIABIHE		
he items (if any) listed below identify the violat ne reinspection will be conducted (if needed) a	• •					
Violation: IMPROPER CLEANING OF UTENSILS AN		ID EQUIPMENT	[HSC 114	4095-114099.5 & 114101-114119]		
Description/Corrective Action:	Please clean the juice dispenser in the lobby area to prevent mold growth and cross contamination.					
Violation: OTHER PERMIT VIOLATI	ON					
Description/Corrective Action:	Observed several packs of Kirkland water bottles placed on the floor. Section 114178 ( a-d) of the California Retail Food Code specifies that items need to be stored six inches above the floor or they may be stored on dollies, pallets, racks, and skids that are designed as to be easily movable. Please mount a paper towel and soap dispenser at the hand washing station in the back.					
/iolation: LACK OF OR IMPROPER USE OF THERMOMETERS				[HSC 114157-114159]		
Description/Corrective Action:	The refrigeration and freezer units across from the three compartment sink need thermometers. Please place thermometers inside the refrigeration unit and freezer unit so that accurate temperatures can be read for both units. The refrigerator was functioning properly at 22.8F and the freezer was functioning at -2.2F.					
General Comments:						
Observations:						
Hot water, soap and paper towels w	ere available for	the hand washing stations.				
		-				
The three compartment sink was cle	an anu nau not	waler.				

The back area as well as the main breakfast lobby area was in excellent condition and clean.

The cabinets in the main breakfast area were clean and well maintained.

The operator stated that the hotel only provides breakfast 7 days a week.

Overall this facility is well maintained.

Thank you for your time.

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



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FACILITY SITE ADDRESS: 10 N IRWIN ST	CITY: HANFORD	<b>ZIP CODE:</b> 94507	INSPECTION TYPE: ROUTINE INSPECTION					
OWNER NAME: SAM PATEL	CERTIFIED FOOD MANAGER: Virginia Sanchez	EXP DATE: 12/15/2024	INSPECTOR: SEMHAR GEBREGZIABIHE					
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.								
		Reinspection Required: Yes: No: X						
RESULTS OF EVALUATION: X PASS NEE	DS IMPROVEMENT	Reinspection Da	ate (on or after): N/A otential Food Safety All Star:					
V/m		•						
V/m		SEMHAR GEBREGZIABIHE						
Received By:		Agency Representative						



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# FOOD SAFETY EVALUATION REPORT

FACILITY NAME:		BUSINESS PHONE:	RECORD ID#:	DATE:	
COMFORT INN		(559) 584-9300	PR0005567	September 26, 2019	
FACILITY SITE ADDRESS:		CITY:	ZIP CODE:	INSPECTION TYPE:	
10 N IRWIN ST		HANFORD	93230	ROUTINE INSPECTION	
OWNER NAME:		CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:	
THEBAJI ODEDRA		Not Specified		Susan Lee-Yang - REHS	
The items (if any) listed below identify the violati One reinspection will be conducted (if needed) a	.,				
Violation: IMPROPER COLD HOLDI	NG TEMPERAT	URE(S)		[HSC 113996]	
<b>Description/Corrective Action:</b> Ambient temperature of the cold reach-in refrigerator located in the dinning room was noted above 41F. Lower thermostat and ensure unit is able to maintain 41F and below.					
General Comments:					
Hand wash station has hot water, so	ap, and paper to	owels.			
Standing cold reach-in refrigerator in	the kitchen was	s noted at 41F.			
Observed food products stored off th	e ground.				
Observed facility clean and maintain	ed.				
		EDS IMPROVEMENT	Reinspection Re	equired: Yes: No: X	
			Reinspection Da	ate (on or after): N/A	
			P	otential Food Safety All Star:	
Tracey A.	tu		Susan Lee-Yang		
Received By:			Ayency Representative		