



**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> JAVA HEAVEN	<b>BUSINESS PHONE:</b> (559) 584-5955	<b>RECORD ID#:</b> PR0010814	<b>DATE:</b> December 16, 2021
<b>FACILITY SITE ADDRESS:</b> 1764 N 10TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MICHELLE VICKERS	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<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:**

Observation:

Hand washing station was well maintained and stocked for use.

Water temperature was observed above 100 F.

The chlorine based sanitizer was well above 50 ppm for the 3 compartment sink.

Food Manager card was not available on site for review. Operator stated the owner had all the copies of the manager certification and the food handler cards. Please email our department one food manager certification for documentation.

Food facility was in good 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:

*Michelle Vickers*

Received By:

*Yatee Patel - REHS*

Agency Representative

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



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> JAVA HEAVEN	<b>BUSINESS PHONE:</b> (559) 584-5955	<b>RECORD ID#:</b> PR0010814	<b>DATE:</b> August 26, 2020
<b>FACILITY SITE ADDRESS:</b> 1764 N 10TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MICHELLE VICKERS	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<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:**

Hand washing station was fully stocked with soap paper towels and hot water.

Bleach is used to sanitize all utensils.

Employees were observed wearing mask during the visit, along with all Covid 19 precautions such as sanitizer bottle.

Cold holding unit was below 41F.

Thank you for continuing to practice food safety measures along with Covid-19 measures.

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

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> JAVA HEAVEN INC	<b>BUSINESS PHONE:</b> (559) 904-0119	<b>RECORD ID#:</b> PR0005385	<b>DATE:</b> November 25, 2019
<b>FACILITY SITE ADDRESS:</b> 1764 N 10TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOE RAMSEY/K RAMSEY/C QUINTAL	<b>CERTIFIED FOOD MANAGER:</b> Nicole dawn rea	<b>EXP DATE:</b> 11/30/2022	<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 cold holding reach in was at 38F.  
Ice scoop observed outside the machine.  
Only coffee drinks served.  
Hand washing station was fully stocked.  
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:
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*[Handwritten Signature]*

*Yatee Patel - REHS*

Received By:

Agency Representative

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