

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:	
BIG BOY DRIVE IN	(559) 670-3976		PR0009845	December 05, 2022	
FACILITY SITE ADDRESS:	CITY:	1	ZIP CODE:	INSPECTION TYPE:	
418 N IRWIN ST	HANFORD		93230	MEETING/CONSULTAT	ION/PHONE
OWNER NAME:	CERTIFIED FOOD MANAGER:	:	EXP DATE:	INSPECTOR:	
MOHAMED YAHYA	Taher Abdo Yahya		11/18/2020	Veronica Ochoa -REF	IS
The items (if any) listed below identify the violation(s) that must be one reinspection will be conducted (if needed) at no charge. A serv	•	•			
Violation: FACILITY DOES NOT HAVE A VALID PER	RMIT			[HSC 114381 (a)]	
renewal. Failu	food vending permit expire ure to pay for the food veno Il result in our Department	ding permi	t by Thursday De		
General Comments:					
Today's visit was prompted by an outstanding invoic records, the facility does not have a valid food vending and has yet to be paid for renewal. As a result, the facility being shutdown by our department. Your	ng permit because the foo acility's food vending perm ood vending permit by 12:0	d vending lit must be 00 p.m. on	permit expired in paid no later that December 8, 20	n October 2022 n Thursday 022 will result in	
RESULTS OF EVALUATION: PASS NEE			Reinspection Re	equired: Yes:	No: X
	DS IMPROVEMENT	FAIL	Reinspection Da	ate (on or after):	N/A
			Potential Food Safety All Star:		
			Veronica Ochoo	a -REHS	
	. <u>—</u>				
Received By:			Agency Represe	enialive	

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

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## FOOD SAFETY EVALUATION REPORT

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FACILITY NAME:		BUSINESS PHONE:	RECORD ID#:	DATE:
BIG BOY DRIVE IN		(559) 670-3976	PR0009845	September 20, 2022
FACILITY SITE ADDRESS:		CITY:	ZIP CODE:	INSPECTION TYPE:
418 N IRWIN ST		HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:		CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:
MOHAMED YAHYA		Taher Abdo Yahya	11/18/2020	Evelyn Elizalde
The items (if any) listed below identify the violation One reinspection will be conducted (if needed) at n				
Violation: IMPROPER FOOD HANDLING PRACTICES [HSC 113961 - 113973]				ISC 113961 - 113973]
	iption/Corrective Action: Observed three compartment sink water temperature to be at 115. Violation corrected on site and water heater was adjusted. Please ensure three compartment sink has hot water at 120 F at all times.			
Violation: NO CURRENT CERTIFIED F	OOD SAFET	SAFETY PERSON ON STAFF [HSC 113947-113947.6]		
·	Repeat violation: The food facility does not have an active food managers certificate.  Please provide our office with proof of renewal within 30 days. Failure to comply may result in an administrative office hearing and along with a follow up inspection.			
Violation: FOODS & EQUIPMENT NOT	NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]			113980, 114025-114027]
	Observed improper storage of food in reach in freezer at dry storage area. Uncooked shrimp and fish was stored above ice cream. Any potentially hazardous food should be stored below ready to eat foods.			
General Comments:				
The following was observed during toda	ay's routine in	spection:		
Refrigeration units were below 41 F. CO2 tanks were chained and secure. Hand wash station had hot water, paper		·		
Please provide a copy of a valid manag	gers certificate	e within 30 days of this inspection.		
			Reinspection Re	equired: Yes: No: X
RESULTS OF EVALUATION: PASS	X NEE	OS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A
			□ P	otential Food Safety All Star:
Received By:			Evelyn Eliza Agency Represe	

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# FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	<b>DATE:</b> July 13, 2021
BIG BOY DRIVE IN	(559) 670-3976	PR0009845	
FACILITY SITE ADDRESS: 418 N IRWIN ST	CITY: HANFORD	<b>ZIP CODE</b> : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME:	CERTIFIED FOOD MANAGER: Taher Abdo Yahya	EXP DATE:	INSPECTOR:
MOHAMED YAHYA		11/18/2020	Liliana Stransky - 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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF

[HSC 113947-113947.6]

**Description/Corrective Action:** 

The food manager certification expired in November 2020. This must be renewed within 30 days from today's inspection. Forward a copy of the certificate to the

department as proof it was renewed.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION

[HSC 113980, 114025-114027]

**Description/Corrective Action:** 

The ice cream freezer unit is missing a lid. Place covers over the ice cream buckets or

store them in the larger freezer.

Keep the ice cream scoops inside individual containers and use separate ones for each

flavor since you don't have dipping wells with constant water flow.

**Violation:** IMPROPER COLD HOLDING TEMPERATURE(S)

[HSC 113996]

**Description/Corrective Action:** 

The cheese needs to be held at 41F or below. Place the cheese slices inside individual

plastic containers at the prep sink to keep it at the correct temperature at all times.

#### **General Comments:**

**ROUTINE INSPECTION -**

Observed the refrigeration units well organized and all were below 41F.

The hand washing station at the kitchen and restroom were observed with hand soap, paper towels and hot water was available.

Overall, the facility was observed clean and organized.

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## FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BIG BOY DRIVE IN	<b>BUSINESS PHONE:</b> (559) 670-3976	RECORD ID#: PR0009845	<b>DATE:</b> July 13, 2021
FACILITY SITE ADDRESS: 418 N IRWIN ST	CITY: HANFORD	<b>ZIP CODE</b> : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MOHAMED YAHYA	CERTIFIED FOOD MANAGER: Taher Abdo Yahya	EXP DATE: 11/18/2020	INSPECTOR: Liliana Stransky - 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 serv			
RESULTS OF EVALUATION: PASS X NEED	OS IMPROVEMENT FAIL		rate (on or after):  No: X  No: X  Note that the second se
Received By:		Liliana Stransk Agency Repres	

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