

# **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: COLD STONE CREAMERY	<b>BUSINESS PHONE:</b> (559) 355-9372	<b>RECORD ID#:</b> PR0006565	DATE: February 02, 2023		
FACILITY SITE ADDRESS: 186 N 12TH AVE 111	CITY: HANFORD	<b>ZIP CODE:</b> 93230	INSPECTION TYPE: ROUTINE INSPECTION		
OWNER NAME: BENEVEDES INC	CERTIFIED FOOD MANAGER: JENNIFER BENEVEDES	<b>EXP DATE</b> : 2/5/2024	INSPECTOR: Yatee Patel - 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					
Violation: None Noted					
General Comments:					
All cold holding units were measured at 41F or below	ν.				
Sanitizer was at 200ppm of QAT solution.					
Pest Control services once a month.					
All employees have current food handler cards.					
All hand washing stations were fully equipped.					
Over all facility is in good condition.					
Thank you					
RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAIL	Reinspection F	Required: Yes: No: X  Date (on or after): N/A		
			Potential Food Safety All Star:		
SOLPH		Yatee Patel - REHS			
Received By:		Agency Repres	sentative		

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

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#### **FOOD SAFETY EVALUATION REPORT**

FACILITY NAME: COLD STONE CREAMERY	<b>BUSINESS PHONE:</b> (559) 303-6483	RECORD ID#: PR0006565	DATE: January 13, 2022
FACILITY SITE ADDRESS: 186 N 12TH AVE 111	CITY: HANFORD	<b>ZIP CODE</b> : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BENEVEDES INC	CERTIFIED FOOD MANAGER: JENNIFER BENEVEDES	<b>EXP DATE:</b> 2/5/2024	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.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS

[HSC 114259-114259.3]

**Description/Corrective Action:** 

When requested to provide current documentation of pest control services none were available. There were no signs of vermin but please be sure to keep those records available upon request, since the manager or person in charge was not available it is unknown if records were kept.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF

[HSC 113947-113947.6]

**Description/Corrective Action:** 

Although food handler and food manager certificates were available and current, there was not a person in charge (pic) at the food facility. Please make sure that there is a person in charge at all times with food manager certification at the facility. The person in charge must have background knowledge of major food allergens, foods identified as major food allergens, symptoms that a major food allergen could cause in a sensitive individual. They must also have the capacity to educate other employees at the food facility about the information previously explained. This is important for preventative health measures.

### **General Comments:**

Observation:

\*Restrooms were fully stocked with hot water, soap, and paper towels; restrooms were also clean.

\*Hand washing stations were also equipped with soap, paper towels, and hot water.

\*All Freezer units containing milk, creams, cakes etc. were 0F or below.

\*All refrigeration units containing milk, cakes, etc. were at 41F or below.

\*Dipping wells were in constant water flow and well maintained.

\*Dishwasher sanitizer levels were at 200 ppm for qac.

Overall clean facility, please be sure to comply with all noted above.

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