



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

FACILITY NAME: ME-N-ED'S PIZZA PARLOR	BUSINESS PHONE: (559) 582-6205	RECORD ID#: PR0003731	DATE: July 08, 2022
FACILITY SITE ADDRESS: 2483 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD MANAGER: ELIZABETH SEAVER	EXP DATE: 6/23/2026	INSPECTOR: SEM HAR 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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed foods inside the freezer and refrigeration units uncovered. Please be sure to cover the all items to avoid cross contamination.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed syrup build up on the soda machine adjacent to the salad bar. Please clean this as soon as possible.

General Comments:

Observations:

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

Restrooms were fully stocked with hot water, soap, and paper towels.

All dry storage was placed six inches above the ground.

All refrigeration units were functioning properly at 41F.

All freezer units were functioning properly at 0F.

Final cooking temperature of meat and mushroom pizza was 205.7F.

The lobby area was observed to be clean and in satisfactory condition .

Please correct the above noted violations in a timely manner.

Thank you for your time.

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



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RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Elizabeth Seaver

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ME-N-ED'S PIZZA PARLOR	BUSINESS PHONE: (559) 582-6205	RECORD ID#: PR0003731	DATE: July 23, 2021
FACILITY SITE ADDRESS: 2483 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN A. FERDINANDI	CERTIFIED FOOD MANAGER: ELIZABETH SEAVER	EXP DATE: 6/23/2026	INSPECTOR: Yatee Patel - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Observed a few items that were above 41F at the deli case cold holding unit and the salad bar outside. The pepperoni measured 50F and a few salad items were over 41F at the self serve salad bar. Please be sure to use your thermometer and monitor that all cold holding units are at 41F or below at all times.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The soda machine needs general cleaning and the inside of the cold holding units was observed with food crumbs. Please clean all food equipment to avoid food crumb accumulation that could result in vermin infestation.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Be sure to cover all the foods inside the cold holding units to avoid cross contamination.

Violation: IMPROPER FOOD TEMPERATURE MONITORING [HSC 113998 & 114000]

Description/Corrective Action: Operator has a thermometer on site. Please use it to measure all cold holding units and record daily.

General Comments:

Hand washing station was fully stocked. Observed employees washing hands. Thank you

3 compartment sink has an automatic sanitizer dispenser to sanitize utensils.

Thank you

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

E Seaver

Yatee Patel - REHS

Received By: _____

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