



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

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



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<b>OWNER NAME:</b> BENEVEDES INC	<b>CERTIFIED FOOD MANAGER:</b> JENNIFER BENEVEDES	<b>EXP DATE:</b> 2/5/2024	<b>INSPECTOR:</b> SEM HAR GEBREGZIABIHE

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<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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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<b>FACILITY NAME:</b> COLD STONE CREAMERY	<b>BUSINESS PHONE:</b> (559) 303-6483	<b>RECORD ID#:</b> PR0006565	<b>DATE:</b> April 28, 2021
<b>FACILITY SITE ADDRESS:</b> 186 N 12TH AVE 111	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> BENEVEDES INC	<b>CERTIFIED FOOD MANAGER:</b> JENNIFER BENEVEDES	<b>EXP DATE:</b> 2/5/2024	<b>INSPECTOR:</b> Liliana Stransky - 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:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Keep the ice scoop outside the bin used to store ice and over a clean surface. The operator corrected the violation on site.


The ammonia sanitizer was observed at 100ppm for the 3 compartment sink. The level should be kept at 200ppm. The operator drained the sink and refilled with the correct sanitizer concentration at the time of the inspection.

**General Comments:**

- ROUTINE INSPECTION -
- \* Observed the hand washing station with soap, paper towels and hot water available.
  - \* All cold holding temperatures were observed at or below 41F.
  - \* Manager and food handler certificates were available for review.
  - \* Employees were observed wearing face covers during the inspection.

If you have any questions regarding the above information, please contact the Department at 559-584-1411.

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

  
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 Received By:

*Liliana Stransky - REHS*  
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 Agency Representative

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