

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: DARSHVIR INC DBA SUBWAY | BUSINESS PHONE: (559) 250-1604 | RECORD ID#: PR0010360 | DATE: September 02, 2022 |
|--|--|----------------------------|-------------------------------------|
| FACILITY SITE ADDRESS: 155 W HANFORD-ARMONA RD STE G | CITY: LEMOORE | ZIP CODE : 93245 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: DARSHVIR SANDHU | CERTIFIED FOOD MANAGER: Darshvir Sandhu | EXP DATE: 4/25/2023 | 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 CLEANING OF UTENSILS AND EQUIPMENT

[HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action:

Observed syrup build up on the soda machine as well as dust and debris surrounding the area. Please be sure to clean and maintain this area daily and when needed.

General Comments:

Observations:

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

Sanitizer buckets were at appropriate levels (200 ppm ammonium).

The three compartment sink was in satisfactory condition, but was not in use at the time of inspection.

The food prep sink was observed well maintained and was in use during the time of inspection.

All refrigeration and cold holding units were well maintained and functioning properly at 41 F.

All freezer units were well maintained and functioning properly at 0F.

Hot holding temperature for the meatballs was above 135F.

All dry storage was well maintained, clean, and placed six inches above the ground.

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

Overall this facility was is satisfactory condition.

Thank you for your time.

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

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| | | 1 | | | | |
| | | Reinspection Re | equired: Yes: No: X | | | |
| RESULTS OF EVALUATION: X PASS NEED | DS IMPROVEMENT FAIL | Reinspection Da | ate (on or after): N/A | | | |
| | | □ P | otential Food Safety All Star: | | | |
| | | | | | | |
| | S | SEMHAR GEBREGZIABIHE | | | | |
| Received By: | Agency Representative | | | | | |

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FOOD SAFETY EVALUATION REPORT

| FACILITY NAME: | BUSINESS PHONE: | RECORD ID#: | DATE: | | | |
|--|--|---------------------|----------------------|-------|--|--|
| DARSHVIR INC DBA SUBWAY | (559) 250-1604 | PR0010360 | February 10, 2021 | | | |
| FACILITY SITE ADDRESS: | CITY: | ZIP CODE: | INSPECTION TYPE: | | | |
| 155 W HANORD ARMONA RD STE G | LEMOORE | 93245 | ROUTINE INSPECTION | | | |
| OWNER NAME: | CERTIFIED FOOD MANAGER: | EXP DATE: | INSPECTOR: | | | |
| DARSHVIR SANDHU | Darshvir Sandhu | 4/25/2023 | Susan Lee-Yang - REH | S | | |
| One reinspection will be conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. A service of the conducted (if needed) at no charge. | vice iee is assessed for each additional rei | nspection required. | | | | |
| General Comments: | r towale | | | | | |
| Hand wash stations have hot water, soap, and paper towels. | | | | | | |
| All cold holding units were measured at or below 41F. | | | | | | |
| Cheese, turkey, and ham in the cold display unit was measured below 41F. | | | | | | |
| Coup and mostballs in the het helding unit were masses | poured above 1255 | | | | | |
| Soup and meatballs in the hot holding unit were mea | asureu above 135F. | | | | | |
| Observed facility clean and maintained. | | | | | | |
| Observed temperature logs up-to-date. | | | | | | |
| A copy of the unsigned report will be emailed to the operator. Please contact this Department at 559-584-1411 if there are any questions. | | | | | | |
| | | Reinspection Re | equired: Yes: | No: X | | |
| RESULTS OF EVALUATION: X PASS NEED | OS IMPROVEMENT FAIL | Reinspection Da | ate (on or after): | N/A | | |

X Potential Food Safety All Star:

DA0310400 NOTE: This report must be made available to the public on request

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OFFICIAL INSPECTION REPORT

| FACILITY NAME: | BUSINESS PHONE: | RECORD ID#: | DATE: |
|---|---|----------------------|------------------------------|
| DARSHVIR INC DBA SUBWAY | (559) 250-1604 | PR0010360 | March 25, 2020 |
| FACILITY SITE ADDRESS: | CITY: | ZIP CODE: | INSPECTION TYPE: |
| 155 W HANORD ARMONA RD STE G | LEMOORE | 93245 | PUBLIC INFORMATION/EDUCATION |
| OWNER NAME: | Program Description: | EXP DATE: | INSPECTOR: |
| DARSHVIR SANDHU | 1107 - KINGS DPH COVID-19 | 4/25/2023 | Susan Lee-Yang - REHS |
| The items (if any) listed below identify the Health Code vio One reinspection will be conducted (if needed) at no charge | | | |
| Violation: None Noted | | | |
| Violation. None Noted | | | |
| | | | |
| | | | |
| | | | |
| General Comments: | | | |
| The following were discussed with the owner/operate | or during today's visit | | |
| The following were discussed with the owner/operati | or during today 3 visit. | | |
| -The facility has made their dining completely inacce | essible to customers. | | |
| -At this time all food sales are for DELIVERY or TAK | | | |
| -The staff is aware of social distancing by requesting | g that customers keep apart a minin | num of six feet froi | m each other and |
| staffStaff is practicing safe food handling procedures, m | onitoring hot & cold holding temper | atures, and washi | ng hands |
| -All work surfaces should be cleaned and sanitized v | | | |
| contaminationUnder no circumstances are employees who feel si | ak ar are aigk with respiratory (i.e. f | over coughing or | anaazina) or |
| gastrointestinal (i.e. vomiting or diarrhea) symptoms | | ever, cougning or | sileezilig) oi |
| gastomics and (i.e. vernang or diamisa, symptome | are anonea to work in the lability. | | |
| Please contact our Department if you have further que | uestions. | | |
| Reinspection Required: Yes: No: X | Reinspection Date (on or afte | r): Not Spe | cified |
| | | | |
| | | | |
| | | | |
| | | Susan | Lee-Yang - REHS |
| | <u>E</u> n | vironmental Health | Specialist |
| Received By: | | | |

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