

## **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

		BUSINESS PHONE: (559) 923-4244		RECORD ID#: PR0000416	DATE: February 07, 2022	
FACILITY SITE ADDRESS: 2496 N 10TH AVE		CITY: LATON		<b>ZIP CODE:</b> 93242	INSPECTION TYPE: ROUTINE INSPECTION	I
OWNER NAME: NIRBHAI SINGH		CERTIFIED FOOD MANAGER: Not Specified		EXP DATE:	INSPECTOR: MIKEL CHATELLE - REHS	
The items (if any) listed below identify the violati One reinspection will be conducted (if needed) a						
Violation: FACILITY DOES NOT HAVE A VALID PERMIT		RMIT	[HSC 114381 (a)]			
Description/Corrective Action:  The facility does not have a valid food vending permit. An application and payment are required to be submitted to the Kings County Division of Environmental Health Services by Tuesday, February 8, 2022 before 12:00 pm. If the application and permit are not submitted by the time and date indicated, the facility will be required to cease food sales to the public.						
*All food items that were stored in th  *The restroom sink supplied hot wate  *Overall, the facility was observed to	er and had soap	and paper towels a				
*Maninder Singh was present for the			nged from Nirb	ahi Singh to Mai	ninder Singh.	
Maninder Singh is the owner/operate The owner/operator was notified of to or the following day.						
The owner/operator was notified of to or the following day.	nese past due ii			Reinspection	paid the same day	No: X
The owner/operator was notified of to or the following day.	nese past due ii	nvoices. It was indica	ated that the inv	Reinspection	paid the same day  Required: Yes:	N/A
The owner/operator was notified of to or the following day.	nese past due ii	nvoices. It was indica	ated that the inv	Reinspection	paid the same day  Required: Yes:   Date (on or after):  Potential Food Safety All	N/A
The owner/operator was notified of to or the following day.	nese past due ii	nvoices. It was indica	ated that the inv	Reinspection Reinspection	paid the same day  Required: Yes:   Date (on or after):  Potential Food Safety All  LLE - REHS	N/A

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

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# **FOOD SAFETY EVALUATION REPORT**

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:			
FARMERS MINI MART	(559) 923-4244	PR0000416	October 14, 2020			
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:			
2496 N 10TH AVE	LATON	93242	ROUTINE INSPECTION			
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:			
NIRBHAI SINGH	Not Specified		Susan Lee-Yang - 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 ser						
Violation: None Noted						
General Comments:						
Restroom has hot water, soap, and paper towels.						
All cold holding units were noted at or below 41F.						
Facility is in satisfactory operating condition.						
Due to the COVID-19 pandemic, the California Depa self-serve items (ie: nacho cheese dispenser, soda a encouraged that all staff wear face masks when soc	and coffee dispensers) by the public					
A copy of the unsigned report will be emailed to the owner. Contact our office at 559-584-1411 if there are any questions.						
		Reinspection Re	equired: Yes: No: X			
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A			
		·	otential Food Safety All Star:			
			_			
•		Susan 1	Lee-Yang - REHS			
Received By:	<u> </u>	Agenc	y Representative			

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## FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FARMERS MINI MART	BUSINESS PHONE: (559) 923-4244	RECORD ID#: PR0000416	DATE: December 03, 2019
FACILITY SITE ADDRESS: 2496 N 10TH AVE	CITY: LATON	<b>ZIP CODE</b> : 93242	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NIRBHAI SINGH	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky - REHS
he 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:			
Routine inspection -			
Refrigeration units were noted at 41F.			
Sign is posted over the sink to indicate the water is r	not for drinking.		
Bathroom had soap, paper towels and hot water was	s available for handwashing.		
Overall the store was observed well maintained.			
Thank you!			
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT FAIL	Reinspection R	equired: Yes: No: X  ate (on or after): N/A
			Potential Food Safety All Star:
		Liliana Stransk	y - REHS
Received By:		Agency Repres	entative

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