

### **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:	BUSINESS PHONE:	RECORD ID#:	DATE:	
KING GAS DELI MART	(559) 584-1400	PR0000211	July 27, 2021	
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:	
1201 W LACEY BLVD	HANFORD	93230	ROUTINE INSPECTION	
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:	
RATHNA CHI/LING CHAO	HEANG CHI	10/9/2020	Luis Flores - REHS	
The items (if any) listed below identify the violation(s) that must be the conducted (if needed) at no charge. A s				
Violation: IMPROPER MAINTENANCE OF HAND\	DPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]			
Description/Corrective Action: The restroom paper towel dispenser was empty. Restock the dispenser.				
Violation: FOODS & EQUIPMENT NOT PROTECT	ED FROM CONTAMINATION	[HSC 113980, 114025-114027]		
•	•	shelving was observed with dust accumulation. Clean s that have dust accumulation on them.		
General Comments:				
All monitored cold and hot food temperatures were	observed to meet State Food Code	holding requireme	ents.	
Overall, the general store and food prep areas we	e in overall satisfactory operational c	condition.		
		Reinspection Re	equired: Yes: No: X	
RESULTS OF EVALUATION: PASS X NE	EDS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A	
		□ P	Potential Food Safety All Star:	
6°-				
		Luis Flores - REHS		
Received By:	<del></del>	Agency Representative		

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

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# **FOOD SAFETY EVALUATION REPORT**

FACILITY NAME: KING GAS DELI MART	BUSINESS PHONE: (559) 584-1400	RECORD ID#: PR0000211	<b>DATE:</b> October 14, 2020			
FACILITY SITE ADDRESS: 1201 W LACEY BLVD	CITY: HANFORD	<b>ZIP CODE:</b> 93230	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: RATHNA CHI/LING CHAO	CERTIFIED FOOD MANAGER: HEANG CHI	EXP DATE: 10/9/2020	INSPECTOR: Yatee Patel - REHS			
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: Please clean around the hood filters above the fryer. Observed grease and lint.						
General Comments:						
A routine inspection was conducted - Please be sure to regularly clean and sanitize all common surfaces with bleach solution.						
This department strongly recommends the staff to wear the face coverings, esp while interacting with customers.						
Thank you						
RESULTS OF EVALUATION: X PASS NEE	DS IMPROVEMENT FAIL	Reinspection Re	equired: Yes: No: X			
		Reinspection Da	ate (on or after): N/A			
		P	Potential Food Safety All Star:			

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### FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:	
KING GAS DELI MARKET	(559) 584-1400	PR0000211	January 22, 2020	
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:	
1201 W LACEY BLVD	HANFORD	93230	ROUTINE INSPECTION	
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:	
RATHNA CHI/LING CHAO	HEANG CHI	10/9/2020	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:				
Cold holding unit was 41F.				
All foods now are pre-packaged. Only raw chicken is the bottom of the shelf.	s stored in the reach in to deep fry.	Chicken was obs	erved stored at	
Hot foods were at 160F.				
Hand washing station was fully stocked.				
All pre packaged foods were above the floor.				
Over all the facility does limited food prep and is wel	l maintained.			
Thank you				
		Reinspection F	Required: Yes: No: X	
RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAIL	Reinspection I	Date (on or after): N/A	
			Potential Food Safety All Star:	
0 0		•		
- Chrayling		Yatee Patel -	- REHS	
Received By:		Agency Representative		

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

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