



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: RITE-AID #6395 | BUSINESS PHONE: (559) 992-8020 | RECORD ID#: PR0006301 | DATE: October 24, 2022 |
| FACILITY SITE ADDRESS: 1500 WHITLEY AVE | CITY: CORCORAN | ZIP CODE: 93212 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: THRIFTY PAYLESS INC | CERTIFIED FOOD MANAGER: Criselito Jose | EXP DATE: 5/18/2022 | 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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed the dipping well on the right side adjacent to the cash register did not have the water in constant water flow. Please ensure this is turned on to prevent cross contamination and microbial growth.

Observed the freezer units with the tubs of ice cream to have ice cream accumulation at the bottom. Please ensure to clean and maintain these units at all times.

Violation: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Observed the following cans with dents and abrasions:

- Swanson Chicken broth
- Chef Boyardee Mini Ravioli in Pasta Sauce
- Light Progresso Chicken Noodle

*Please ensure this is removed and have an employee look through all the cans at the facility to ensure all items are free from contamination and adulteration.

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 refrigeration units were functioning properly at 41F and below.

All freezer units were functioning properly at 0F and below.

All dry food was well organized, clean, and placed six inches above the ground.

Overall the facility was observed in satisfactory condition . Please contact the department should you have any questions.

Thank you for your time.

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



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| FACILITY NAME: RITE-AID #6395 | BUSINESS PHONE: (559) 992-8020 | RECORD ID#: PR0006301 | DATE: October 24, 2022 |
| FACILITY SITE ADDRESS: 1500 WHITLEY AVE | CITY: CORCORAN | ZIP CODE: 93212 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: THRIFTY PAYLESS INC | CERTIFIED FOOD MANAGER: Criselito Jose | EXP DATE: 5/18/2022 | 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.

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|---|--|
| RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input 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: |
|---|--|

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative _____

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|---|--|---------------------------------|---|
| FACILITY NAME: RITE-AID #6395 | BUSINESS PHONE: (559) 992-8020 | RECORD ID#: PR0006301 | DATE: March 22, 2021 |
| FACILITY SITE ADDRESS: 1500 WHITLEY AVE | CITY: CORCORAN | ZIP CODE: 93212 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: THRIFTY PAYLESS INC | CERTIFIED FOOD MANAGER: Criselito Jose | EXP DATE: 5/18/2022 | INSPECTOR: Paven Bath |

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: None Noted

General Comments:

Cold holding temperatures were measured at 41F.
 Three-compartment sink by the ice cream serving station was measured at 200 ppm of QAT concentration.
 The retail food sales area was observed to be maintained. All food product was stored 6 inches above the ground.
 Restroom and hand washing stations were observed to be fully stocked.
 Active Food Safety Manager Certificate was verified and deemed valid.

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|---|--|
| RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input 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: |

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Received By: _____

Paven Bath

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|---|--|---------------------------------|---|
| FACILITY NAME: RITE-AID #6395 | BUSINESS PHONE: (559) 992-8020 | RECORD ID#: PR0006301 | DATE: October 05, 2020 |
| FACILITY SITE ADDRESS: 1500 WHITLEY AVE | CITY: CORCORAN | ZIP CODE: 93212 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: THRIFTY PAYLESS INC | CERTIFIED FOOD MANAGER: Criselito Jose | EXP DATE: 5/18/2022 | INSPECTOR: Paven Bathh |

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: None Noted

General Comments:

Temperature Control: Proper cold holding temperatures were maintained at 41F or lower.

Sanitation: 3-compartment sink was measured at 200ppm of Quaternary Ammonium.

General Sales: Store aisles were observed to be clutter-free and fairly organized.

Hand Wash Stations & Restrooms: Fully stocked with soap, paper towels and proper supply of hot water.

Documentation: Food Safety Manager Certificate has been updated.

Equipment Maintenance: Ancillary equipment was observed to be fully functional.

Other Comments: In response to the COVID-19 pandemic, please implement the State (CDPH) guidelines (i.e., maintain a physical distance of 6 feet between individuals, use EPA-approved disinfectants, etc) with your business.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Paven Bathh

Received By:

Agency Representative

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