FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAR MART #12</td>
<td>(559) 583-0797</td>
<td>PR0005334</td>
<td>August 02, 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1702 N 10TH AVE</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FERAS ALAIYA</td>
<td>Not Specified</td>
<td></td>
<td>Evelyn Elizalde</td>
</tr>
</tbody>
</table>

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 MAINTENANCE OF FACILITY OR EQUIPMENT  

[HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed left-side ceiling light in the walk in cooler is not functional. Please repair light and ensure light is functional.

**General Comments:**

The following was observed during today’s routine inspection:

The restroom had hot water, paper towels and soap.

Refrigeration units observed below 41 F.

**RESULTS OF EVALUATION:**

- [X] PASS
- [ ] NEEDS IMPROVEMENT
- [ ] FAIL

**Reinspection Required:** Yes: [ ] No: [X]

**Reinspection Date (on or after):** N/A

**Potential Food Safety All Star:**

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**Evelyn Elizalde**

Agency Representative

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**NOTE:** This report must be made available to the public on request
## FOOD SAFETY EVALUATION REPORT

### Facility Information
- **Facility Name:** STAR MART #12
- **Facility Site Address:** 1702 N 10TH AVE
- **City:** HANFORD
- **Zip Code:** 93230
- **Owner Name:** FERAS ALAIYA
- **Certified Food Manager:** Not Specified

### Inspection Details
- **Inspector:** Luis Flores - REHS
- **Inspection Type:** ROUTINE INSPECTION
- **Date:** February 17, 2022

### Violations and Corrective Actions

<table>
<thead>
<tr>
<th>Violation Description</th>
<th>Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESTROOM FACILITIES NOT MAINTAINED</strong></td>
<td>The restroom hand wash sink backed up when water was allowed to flow for a few minutes. The sink requires declogging.</td>
</tr>
<tr>
<td><strong>RESTROOM FACILITIES NOT MAINTAINED</strong></td>
<td>The restroom soap dispenser was empty. Until replacement soap bags can be obtained, purchase and use temporary use soap containers.</td>
</tr>
<tr>
<td><strong>IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT</strong></td>
<td>The left-side ceiling light located in the walk-in box cooler was not functional. The light cover was removed and found to be filed with water. In addition, the light screw in portion appeared removed and a cut red colored electrical wire was exposed. Have this lighting issue repaired ASAP.</td>
</tr>
</tbody>
</table>

### General Comments:

### Results of Evaluation
- **Results of Evaluation:**
  - [ ] PASS
  - [ ] NEEDS IMPROVEMENT
  - [ ] FAIL

### Reinspection Details
- **Reinspection Required:** Yes: [ ] No: [x]
- **Reinspection Date (on or after):** N/A

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**Received By:**

**Luis Flores - REHS**

**Agency Representative:**
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: STAR MART #12
BUSINESS PHONE: (559) 583-0797
RECORD ID#: PR0005334
DATE: February 18, 2021

FACILITY SITE ADDRESS: 1702 N 10TH AVE
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: FERAS ALAIYA
CERTIFIED FOOD MANAGER: Not Specified
EXP DATE: 
INSPECTOR: Luis Flores - 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: OTHER PERMIT VIOLATION
Description/Corrective Action: A notification sign notifying employees to wash hands after using the restroom is not posted. Post a sign ASAP and maintain at all times.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]
Description/Corrective Action: Two soap dispensers are installed in the restroom at this time. However, neither one had any soap at the time of inspection. The facility did not have any replacement stock on hand and sent an employee to purchase replacement soap.

General Comments:
All refrigerated food temperatures were monitored to be in compliance with the State Food Code holding requirement of 41 F or below. All temperatures were well below this level.

The general store area and bathroom areas were observed to be well organized and maintained. The only exception to this was the lack of restroom hand wash soap maintenance.

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. In order to help mitigate the spread of COVID-19 (i.e., increase the risk of exposure), a signature was not obtained. The inspection report will be emailed to the facility's point of contact.

RESULTS OF EVALUATION: ☐ PASS ☑ NEEDS IMPROVEMENT ☐ FAIL

Reinspection Required: Yes: ☐ No: ☑
Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By: Luis Flores - REHS
Agency Representative

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