



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

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The facility's hood needs to be serviced. Please have the hood serviced to avoid a potential grease fire.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: The facility currently sells Mexican bread that is purchased from a Hanford bakery. Please make sure this bakery places a business card on the display case.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: A fly sticky trap was observed between the facility's hand wash sink and three compartment sink in the kitchen area. Please do not place these types of sticky traps in the kitchen area. The sticky trap was removed by the facility's owner.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water. Cold holding units storing potentially hazardous foods measured at or below 41F. Food items in the hot holding unit measured at 140F. Please correct the noted violations in a timely manner.

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.

Handwritten signature in blue ink.

Received By:

Veronica Ochoa -REHS

Agency Representative

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



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> R S LIQUOR	<b>BUSINESS PHONE:</b> (559) 380-5703	<b>RECORD ID#:</b> PR0000111	<b>DATE:</b> December 01, 2021
<b>FACILITY SITE ADDRESS:</b> 1004 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAJ SINGH	<b>CERTIFIED FOOD MANAGER:</b> Navdeep Singh	<b>EXP DATE:</b> 12/10/2024	<b>INSPECTOR:</b> MIKEL CHATELLE - 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:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** During the routine inspection, an ice scoop was observed on top of an ice maker. The ice scoop was in direct contact with a surface that is not sanitized. Additionally, there were other objects present on top of the ice machine such as paper and boxes that were in direct contact with the ice scoop. This ice scoop is used to fill the soft drink machine's ice dispenser. To avoid cross contamination, ensure that the scoop is placed in a suitable container or holder that is kept clean. This violation was corrected on site.

**General Comments:**

All food temperatures met State Food requirements.  
 The hand washing station had soap and paper towels.  
 All food items that were stored in the refrigerator were stored at or below 41 F.  
 All food items that were stored in the hot holding unit were stored at or above 135 F.  
 Overall the facility was observed satisfactory.

Navdeep Singh was present for the inspection.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

\_\_\_\_\_  
 Received By:

*MIKEL CHATELLE - REHS*  
 \_\_\_\_\_  
 Agency Representative

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