FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ONE STOP AND SAVE

BUSINESS PHONE: (408) 439-6701

RECORD ID#: PR0011136

DATE: October 13, 2022

FACILITY SITE ADDRESS: 1301 WHITLEY AVE

CITY: CORCORAN

ZIP CODE: 93212

INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: Gurmohan Sidhu

CERTIFIED FOOD MANAGER: Not Specified

EXP DATE: 

INSPECTOR: SEMHAR 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: None Noted

General Comments:

Observations:

Restrooms were fully stocked with hot water, soap, and paper towels.

All dry storage was well maintained, clean, and placed six inches above the ground.

All refrigeration units were functioning properly at 41F and below.

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

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

Thank you for your time.

RESULTS OF EVALUATION: 

PASS 

NEEDS IMPROVEMENT 

FAIL

Reinspection Required: Yes: No: X

Reinspection Date (on or after): N/A

Potential Food Safety All Star: 

Received By: 

Agency Representative

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

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
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</thead>
<tbody>
<tr>
<td>ONE STOP AND SAVE</td>
<td>Not Specified</td>
<td>PR0011136</td>
<td>January 26, 2022</td>
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<tr>
<td>1301 WHITLEY AVE</td>
<td>CORCORAN</td>
<td>93212</td>
<td>CONSTRUCTION/EQUIPMENT INSPECTION</td>
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<th>INSPECTOR:</th>
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<tbody>
<tr>
<td>Gurmohan Sidhu</td>
<td>Not Specified</td>
<td></td>
<td>Luis Flores - REHS</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:
None Noted

**General Comments:**

A re-inspection was performed today to confirm a new hot water heater was installed and properly functional as well as the replacement of a non-operational restroom exhaust fan. Both equipment units were installed and confirmed to be in proper working condition.

The facility is now approved for opening. The food vending permit application completed will be filed. The corresponding application fee must be submitted in order to receive a Kings County Health Department approved food vending permit.

**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: [ ]

Luis Flores - REHS

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Received By: [Signature]

Agency Representative}

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