



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**

<b>FACILITY NAME:</b> ONE STOP AND SAVE	<b>BUSINESS PHONE:</b> (408) 439-6701	<b>RECORD ID#:</b> PR0011136	<b>DATE:</b> October 13, 2022
<b>FACILITY SITE ADDRESS:</b> 1301 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> Gurmohan Sidhu	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** 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:

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

Potential Food Safety All Star:

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

*SEM HAR GEBREGZIABIHE*

Agency Representative

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



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<b>FACILITY NAME:</b> ONE STOP AND SAVE	<b>BUSINESS PHONE:</b> Not Specified	<b>RECORD ID#:</b> PR0011136	<b>DATE:</b> January 26, 2022
<b>FACILITY SITE ADDRESS:</b> 1301 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> CONSTRUCTION/EQUIPMENT INSF
<b>OWNER NAME:</b> Gurmohan Sidhu	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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: 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:  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

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