

### **Retail Market Permit Inspection Report**

Kings County Department of Public Health
Environmental Health Services
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - https://www.kcdph.com/ehs

# INSPECTION REPORT FOOD VENDING PERMIT - RM4 (5001-10000)

Facility Name		Facility Address				City/State			Zip Code
THE SHOPPE AT KETTLEMAN 333		341 BERNARD DR STE A			KETTLEMAN CITY, CA		<b>'</b> ,	93239	
Owner/Operator		Facility Phone No.	Inspect	nspection ID		Inspection Result			
HALIM AZAR		5593869622	26236	26236		Pass			
Inspector Name	Inspection Da	ate	Purpose of Inspection		Permit License		е	Expiration Date	
Isaac Coria	12/11/2023		Routine Inspection		PR0	009406		4/1/	2026

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date of correction as listed per violation.

NVO = No Violation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

Violation Status	Violation Code	Violation Summary	Observation				
FDA Food Code 2017							
□ -Select-		Observed an ice cream popsicles open in					
□ IN		the cold storage unit, please ensure all personal food items are properly covered.					
☑ OUT	protection	personal resultations are properly severeur					
□ NA							
□ NO							



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#### **Overall Inspection Comment:**

Observations from routine inspection.

Hand wash sink was fully stocked and water temperature reached 100F.

Three compartment sink water temperature reached 120F.

Cold storage units were below 40F.

All food items were 6 inches above the ground and no debris present on the floor.

Ice cream dipper wells were working properly and area was clean.

Coffee station area was well maintained and clean.

ATTENTION: There are a total of 1 item(s) marked above in violation. Total Major violations are 0.

Signa Signa	tures
Received By:	Inspected By:
Miggs	
	Inspector Name: Isaac Coria Title: Environmental Health Officer
	Date: <b>12/11/2023</b>
	Email: Isaac.Coria@co.kings.ca.us Phone:

CERTIFICATION	N OF RETURN TO COMPLIANCE			
I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.				
Signature:	Title:	Date:		