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>STARBUCKS COFFEE#9489</td>
<td>(559) 386-0282</td>
<td>PR0008805</td>
<td>February 22, 2021</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>33300 BERNARD DR</td>
<td>KETTLEMAN CITY</td>
<td>93239</td>
<td>ROUTINE INSPECTION</td>
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<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
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<tbody>
<tr>
<td>STARBUCKS CORPORATION</td>
<td>Angela Vang</td>
<td>6/6/2024</td>
<td>Paven Batth</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:

Hand Washing Station & Restroom: Hand washing station and restroom were fully stocked. Hot and cold running water was readily available as well.

Temperature Control: Cold holding temperatures were measured and meet requirements. Temperature logs were observed to be properly monitored.

Documentation: Pest control services are conducted monthly.

California Food Safety Certification: Regulatory requirements such as certifications for food safety (i.e., Food Safety Manager Certification and California Food Handler Card) are obtained by this facility.

Sanitation: Sanitation bucket was measured at 200ppm of quaternary ammonium concentration.

Reinspection Required: Yes: ☐ No: ☑

Reinspection Date (on or after): N/A

○ Potential Food Safety All Star:

Paven Batth

Agency Representative

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

FACILITY NAME: STARBUCKS COFFEE#9489
BUSINESS PHONE: (559) 386-0282
RECORD ID#: PR008805
DATE: February 10, 2020

FACILITY SITE ADDRESS: 33300 BERNARD DR
CITY: KETTLEMAN CITY
ZIP CODE: 93239
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: STARBUCKS CORPORATION
CERTIFIED FOOD MANAGER: Angela Vang
EXP DATE: 6/6/2024
INSPECTOR: Paven Batth

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 CLEANING OF UTENSILS AND EQUIPMENT
Description/Corrective Action:
- Observation: Sanitizer bucket had a concentration that was measured at 0 ppm of sanitizing solution. This was corrected on site by the facility manager and the sanitizer solution was adjusted to 200ppm of Quaternary Ammonium. Please ensure the appropriate concentration of sanitizing solution is always supplied in the sanitizer bucket.

General Comments:
- All cold holding units were below 41F.
- Reach in refrigerators that contain milk were below 45F.
- Hand wash stations had soap, paper towels, and hot water.
- All food items were stored six inches above the floor.
- An employee at this facility currently obtains a Food Manager Certification.
- Temperature logs were reviewed and were adequately documented.
- Restrooms were fully stocked.

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: ☐

Received By: [Signature]
Paven Batth
Agency Representative

NOTE: This report must be made available to the public on request
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<tr>
<td>STARBUCKS</td>
<td>(661) 204-7988</td>
<td>PR0007118</td>
<td>June 13, 2019</td>
<td>33300 BERNARD DR</td>
<td>KETTLEMAN CITY</td>
<td>93212</td>
<td>CONSTRUCTION/EQUIPMENT INSPECTION</td>
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<tr>
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<td>CERTIFIED FOOD MANAGER:</td>
<td>EXP DATE:</td>
<td>INSPECTOR:</td>
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</tr>
<tr>
<td>CHHUY K CHAO</td>
<td>KATHRYN MCCOY</td>
<td>5/20/2015</td>
<td>Liliana Stransky - REHS</td>
<td></td>
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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:
Facility went through remodeling project and this is the final opening inspection. The following observations were made:

* All refrigeration units were observed at or below 41°F. Display units were noted at 38°F.

* Flooring, counters and back splash materials were noted as per design specifications.

* Hand washing facilities had permanent soap and paper towel dispensers. Hot water was also available.

* Restroom doors were noted to be self-latching.

* Restroom and dining room were observed updated according to the plan submittal.

Thank you for your assistance during the inspection. The facility is now permitted to re-open.

#### RESULTS OF EVALUATION:

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

Reinspection Required: [X] Yes: [ ] No: 
Reinspection Date (on or after): N/A

Potential Food Safety All Star: [ ]

Received By: Liliana Stransky - REHS
Agency Representative

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