FOOD SAFETY EVALUATION REPORT

FACILITY NAME: COST LESS FOOD COMPANY
BUSINESS PHONE: (559) 688-4843
RECORD ID#: PR0000366
DATE: August 17, 2021

FACILITY SITE ADDRESS: 2001 WHITLEY AVE
CITY: CORCORAN
ZIP CODE: 93212
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: DONALD E WAY
CERTIFIED FOOD MANAGER: Matt Soares
EXP DATE: 7/17/2023
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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]
Description/Corrective Action: The following canned products were observed to be severely dented in the general store area:
- Light Red Kidney Beans- Manufacturer: Essential Everydays (15 OZ)
- Black Beans- Manufacturer: Essential Everydays (15 OZ)
Corrective Action: Facility Manager removed both items from consumer sales and discarded them.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: One bulb in the walk-in freezer by the meat department was observed to be missing a safety guard/protective cover. Ensure to install a safety guard/protective cover.

General Comments:
General Sales: All food items were noted to be 6 inches above the floor. Food in the refrigeration units were measured below 41F.
Meat Department: Proper cold holding temperatures (i.e., below 41F) were measured. All meat products were noted to be 6 inches above the floor.
Restroom: Maintain stocked (soap & paper towels) with a proper supply of hot and cold running water.
Personnel: Certified Food Safety Manager for this facility was observed to be up-to-date.

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: Paven Batth
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>
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<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COST LESS FOOD COMPANY</td>
<td>(559) 688-4843</td>
<td>PR000366</td>
<td>December 15, 2020</td>
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<tr>
<td>2001 WHITLEY AVE</td>
<td>CORCORAN</td>
<td>93212</td>
<td>1ST FOLLOW UP INSPECTION</td>
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<td>DONALD E WAY</td>
<td>Matt Soares</td>
<td>7/17/2023</td>
<td>Paven Batth</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:

A re-inspection (follow-up inspection) was performed today and the following corrective actions were taken:

1) Hand wash sinks, restroom sinks and utility sinks were observed to have proper hot water readily available.

2) Walk-in freezer was observed to be functional and ice buildup has been removed from the walk-in freezer fan.

Other Comments: In response to the COVID-19 pandemic, please implement the State (CDPH) guidelines (i.e., maintain a physical distance of 6 feet between individuals, use EPA-approved disinfectants, etc.) with your business. In order to help mitigate the spread of COVID-19 (i.e., increase the risk of exposure), a signature was not obtained. The inspection report will be emailed to the facility operator/owner.

General Comments:

<table>
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<tbody>
<tr>
<td>X PASS</td>
<td>Yes:</td>
<td>N/A</td>
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<td>No: ☑</td>
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Potential Food Safety All Star: 

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FOOD SAFETY EVALUATION REPORT

COST LESS FOOD COMPANY

2001 WHITLEY AVE

DONALD E WAY

(559) 688-4843

October 06, 2020

CORCORAN 93212

Matt Soares

(559) 688-4843

7/17/2023

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.

### IMPROPER MAINTENANCE OF HANDWASH FACILITIES

**Description/Corrective Action:**

1) Observed no hot water supplied in the hand wash sink in the meat department. An employee who was working in the meat department stated employees working in the meat department have been washing their hands in the ware washing sink. Discontinue this practice. Ensure to wash hands in an approved hand wash sink. Repair the hand wash sink in the meat department to ensure proper hot water is supplied.

2) Observed no hot water supplied in the men's restroom sink located near the back storage area. Right faucet handle was observed to be in disrepair (non-functional) as well. Repair the restroom sink to ensure the right faucet handle is functional and a proper supply hot water is available.

3) Hand wash sink near the bakery was observed to be in disrepair and non-functional. An employee stated they don't use that hand wash sink to wash their hands but instead use the hand wash sink in the employee break room. Ensure to fix/repair the hand wash sink near the bakery. Based on the information given, the hand wash sink in the employee break was observed.

4) The hand wash sink in the employee break was observed to have no hot water as well. Ensure a proper supply of hot water is available in this hand wash sink for employees at all times.

Please note, in order for employees to conduct proper hand washing practices, hot water needs to be properly supplied. This was brought to the attention of the facility manager who stated he will follow up on the manner. A thorough inspection for a proper supply of hot water at the facility was conducted. The ware washing sink in the meat department was observed to have a proper supply of hot water available. Apart from the hand sinks noted above, all other facility sinks were observed to have a proper supply of hot water available.

### IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

**Description/Corrective Action:**

The fan in the freezer was observed to be in disrepair with a buildup of ice. Repair such unit in an appropriate manner and remove the buildup of ice.

**General Comments:**

NOTE: This report must be made available to the public on request
Temperature Control: Proper cold (i.e., 41°F or below) and hot (i.e., 135°F or above) holding temperatures were measured.

General Sales: Food products were observed to be appropriately shelved.

Other Comments: In response to the COVID-19 pandemic, please implement the State (CDPH) guidelines (i.e., maintain a physical distance of 6 feet between individuals, use EPA-approved disinfectants, etc) with your business. Please note, a re-inspection will be conducted to ensure the violations noted above in this routine inspection report are corrected.

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

RESULTS OF EVALUATION: □ PASS X NEEDS IMPROVEMENT □ FAIL

Paven Batth
Agency Representative

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