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>KCAO - WAREHOUSE/DIST SITE</td>
<td>(559) 583-8071Ext. 106</td>
<td>PR0006096</td>
<td>April 16, 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>13549 HANFORD/ARMONA RD</td>
<td>ARMONA</td>
<td>93202</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>KINGS COMMUNITY ACTION ORGANIZATION</td>
<td>PAMEL EIDE</td>
<td>4/21/2023</td>
<td>Yatee Patel - 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:

Facility has 3 big walk-in freezers to store bulk donated pre-packaged food items that are distributed to the general public in various locations. List was provided to our department.

At the time of the inspection, all cold holding units were at freezing temperatures. All foods were observed above the flooring of the units on wooden planks.

No food preparation occurs. Only storage.

Thank you

RESULTS OF EVALUATION: ☑ PASS ☐ NEEDS IMPROVEMENT ☐ FAIL

Reinspection Required: ☐ Yes: ☑ No: ☑

Reinspection Date (on or after): N/A

☑ Potential Food Safety All Star:

NOTE: This report must be made available to the public on request
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<tr>
<td>KCAO - WAREHOUSE/DIST SITE</td>
<td>(559) 583-8071 Ext. 106</td>
<td>PR0006096</td>
<td>December 19, 2016</td>
</tr>
</tbody>
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<th>INSPECTOR:</th>
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<tbody>
<tr>
<td>KINGS COMMUNITY ACTION ORGANIZATION</td>
<td>JANICE AUGUSTO</td>
<td>12/23/2020</td>
<td>Veronica Ochoa -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:

During today's inspection, only the two walk-in freezers were functioning. The walk-in refrigerator that the facility has is temporarily out of service and does not have any food items in the unit.

All food items in the freezers were observed properly stored. The furthest freezer was difficult to open during the inspection. Please repair the issue so that the door is much easier to open, also the seal to the door may have to be replaced.

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: ☑

Veronica Ochoa -REHS
Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KCAO - WAREHOUSE/DIST SITE
BUSINESS PHONE: (559) 583-8071 Ext. 106
RECORD ID#: PR0006096
DATE: April 14, 2016

FACILITY SITE ADDRESS: 13549 HANFORD/ARMONA RD
CITY: ARMONA
ZIP CODE: 93202
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: KINGS COMMUNITY ACTION ORGANIZATION
CERTIFIED FOOD HANDLER: JANICE AUGUSTO
EXP DATE: 1/21/2016
INSPECTOR: Abel Simon - 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:

Observed items in the two freezers to be well stored and above the floor six inches. As noted in the last inspection, there was ice accumulation around the inside of the doors. The freezer on the right, was observed to have significantly more ice in it. Please have someone look into this to avoid build up of the ice from affecting the door. Thank you.

RESULTS OF EVALUATION:  
- ✔ PASS
- ☐ NEEDS IMPROVEMENT
- ☐ FAIL

Reinspection Required: ☐ Yes: ☑ No: ☑
Reinspection Date (on or after): N/A

Abel Simon - REHS
Agency Representative

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