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>RICE'S LIQUOR STORE</td>
<td>(559) 386-5584</td>
<td>PR0010702</td>
<td>July 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>857 SKYLINE BLVD</td>
<td>AVENAL</td>
<td>93204</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
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<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>KASSIM MOUSA FARID</td>
<td>Not Specified</td>
<td></td>
<td>Luis Flores - 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: INADEQUATE OR UNAPPROVED WATER SUPPLY

Description/Corrective Action:
Hot water was not provided to the restroom handwash sink. The gas water heater is located no more than 3-4 feet from the sink. Have this repaired ASAP and no later than 48 hours from today.

Contact me at 559-584-1411 on Monday morning with an update. Failure to comply with correction will lead to further enforcement action including the assessment of penalty fees.

General Comments:
All refrigerated foods met State Food Code holding requirements.

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

NOTE: This report must be made available to the public on request
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<tbody>
<tr>
<td>RICE'S LIQUOR STORE</td>
<td>(559) 386-5584</td>
<td>PR0000627</td>
<td>August 09, 2019</td>
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<tr>
<td>M MUTHANA/N MOHAMED</td>
<td>Not Specified</td>
<td></td>
<td>Rumi Chhina</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:** IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]
**Description/Corrective Action:** Observed walk-in refrigerator was at 49F. Please either adjust the temperature or call maintenance.

**Violation:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]
**Description/Corrective Action:** Restroom was not stocked with soap. Please always stock restrooms with soap, paper towels and hot water.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
**Description/Corrective Action:** Observed ant and roach killer chemicals stocked near pre-packaged food. Please always stock chemicals and food separately.

**General Comments:**
Conducted a routine inspection of this facility and noted the following:

- Except above violation, Ambient temperatures of all cold holding units were noted at or below 41F.

- All food products were stored six inches above ground.

**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:** Amor Smith

**Agency Representative:** Rumi Chhina

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

**FACILITY NAME:** RICE'S LIQUOR STORE  
**BUSINESS PHONE:** (559) 386-5584  
**RECORD ID#:** PR0000627  
**DATE:** October 12, 2018

**FACILITY SITE ADDRESS:** 857 SKYLINE BLVD  
**CITY:** AVENAL  
**ZIP CODE:** 93204  
**INSPECTION TYPE:** ROUTINE INSPECTION

**OWNER NAME:** M MUTHANA/N MOHAMED  
**CERTIFIED FOOD MANAGER:** Not Specified  
**EXP DATE:**  
**INSPECTOR:** Abel Simon - REHS

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### Violation: RESTROOM FACILITIES NOT MAINTAINED  
**[HSC 114250 & 114276]**

**Description/Corrective Action:** The restroom sink was observed to have a leak underneath it. Please be sure to have this repaired no later than Monday October 15, 2018. Please be sure that the sink has hot water, soap, and paper towels.

**General Comments:**

- The temperature of all cold holding equipment was noted to be below 41°F.
- The general floor sales area was noted to be above the floor six inches.
- The front door was observed to be open. Please be sure to keep the front door closed to avoid dust and vermin from entering the facility.

Please repair the above noted issue.

Thank you.

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**RESULTS OF EVALUATION:**  
- [X] PASS  
- [ ] NEEDS IMPROVEMENT  
- [ ] FAIL

**Reinspection Required:**  
- [ ] Yes:  
- [X] No:  

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

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**Received By:**  

**Agency Representative:**

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