



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RICE'S LIQUOR STORE	BUSINESS PHONE: (559) 386-5584	RECORD ID#: PR0010702	DATE: July 16, 2021
FACILITY SITE ADDRESS: 857 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KASSIM MOUSA FARID	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Luis Flores - 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: INADEQUATE OR UNAPPROVED WATER SUPPLY [HSC 114192]

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 [X] NEEDS IMPROVEMENT [] FAIL

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

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

-k1yfae

Received By:

Luis Flores - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RICE'S LIQUOR STORE	BUSINESS PHONE: (559) 386-5584	RECORD ID#: PR0000627	DATE: August 09, 2019
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: Rumi Chhina

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: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Amar SA/eh

Rumi Chhina

Received By:

Agency Representative

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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

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: 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.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: 

Abel Simon - REHS
 Agency Representative

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