An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date for correction as listed per violation.

### 2212 HAZARDOUS WASTE GENERATOR - PR0010279

**Inspector Comments:** Inspection Conducted, no violations noted

**General Comments and Observations:**
During the on-site routine inspection, the following items were observed/reviewed:

1. Hazardous waste storage area(s)
2. The integrity of containers used to store hazardous waste
3. Labeling of containers used to store hazardous waste
4. Hazardous waste manifests/receipts

*Kris Martella was present for the inspection.*

*Clean Harbor Environmental Services is the hazardous waste hauler for this site.*

*The hazardous waste storage area was observed to be in good condition and well maintained. The hazardous waste storage area is used to store damaged retail products or absorbent materials used to clean up retail products that were spilled.*

**MIKEL CHATELLE - REHS**

**Received By:**

**Environmental Health Officer**
**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>BIG LOTS #4665</td>
<td>(559) 583-1174</td>
<td>PR0009937</td>
<td>November 16, 2021</td>
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<table>
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<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
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<tbody>
<tr>
<td>150 S 11TH AVE</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
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<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNS STORES, INC.</td>
<td>Not Specified</td>
<td></td>
<td>Yatee Patel - REHS</td>
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</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:**

- Cold holding unit that holds the eggs and milk was observed at 38F.
- All pre-packaged foods were observed above the floor and are rotated daily.
- The restroom (women's) observed with hot running water, soap and the hand dryer.
- Over all food facility in good operating condition.
- Pest Control Services once a month.

---

**RESULTS OF EVALUATION:**

- **X** PASS
- **☐** NEEDS IMPROVEMENT
- **☐** FAIL

**Reinspection Required:** Yes: **☐** No: **☒**

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

**Potential Food Safety All Star:**

---

**Received By:**

**Yatee Patel - REHS**

**Agency Representative**

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

| FACILITY NAME: | BUSINESS PHONE: | RECORD ID#: | DATE:       |
|               |                |            |            |
| BIG LOTS #4665 | (559) 583-1174 | PR0009937  | September 24, 2020 |

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<td>Liliana Stransky - REHS</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:**

Conducted routine inspection and made the following observations:

* The back food storage areas were observed well maintained.

* All pre-packaged foods were observed displayed 6 inches above the floor.

* The restroom facilities were observed clean and well maintained. Hand soap, hot water and air blowers are present for proper hand washing.

Thank you!

**RESULTS OF EVALUATION:**

<table>
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<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Potential Food Safety All Star:** [ ]

Received By: ____________________________

Agency Representative: ____________________________

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