FOOD SAFETY EVALUATION REPORT

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.

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-MART #4</td>
<td>(559) 708-7609</td>
<td>PR0010538</td>
<td>March 17, 2022</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>629 W GRANGEVILLE BLVD</td>
<td>HANFORD</td>
<td>93230</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>AIT VENTURE INC</td>
<td>Not Specified</td>
<td></td>
<td>Veronica Ochoa -REHS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Violation:</th>
<th>[HSC 114161-114182 &amp; 114257]</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description/Corrective Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please mount the facility's hand wash station/mop sink in the restroom to the wall. Also, please mount the facility's two compartment sink to the wall and ensure the sink is cleaned on a daily basis.</td>
</tr>
</tbody>
</table>

General Comments:

The facility's restroom was observed equipped with hot water, soap, and paper towels. Cold holding units storing potentially hazardous foods measured below 41F.

RESULTS OF EVALUATION:  

<table>
<thead>
<tr>
<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:

Veronica Ochoa -REHS  
Agency Representative

Received By: 

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

FACILITY NAME: T-MART #4
FACILITY SITE ADDRESS: 629 W GRANGEVILLE BLVD
OWNER NAME: AIT VENTURE INC

BUSINESS PHONE: (559) 708-7609
CITY: HANFORD
CERTIFIED FOOD MANAGER: Not Specified

RECORD ID#: PR0010538
ZIP CODE: 93230
EXP DATE: 

DATE: April 08, 2021
INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
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: None Noted

General Comments:

A re-inspection was performed today to confirm corrective action has been taken for the non-hot water supply issue as well as the three compartment sink waste-water line plumbing leak documented during a routine inspection performed two weeks ago. The following was noted:

1. The electronic hot water heater was replaced with a new unit. Hot water supply is now instantly supplied to both the 3-compartment sink and the bathroom hand-wash sink.
2. The 3-compartment sink waste-water line leak was repaired.

Thank you for making all necessary repair work.

Results of Evaluation: 

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

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

Results of Evaluation: 

Potential Food Safety All Star: ☐

Luis Flores - REHS
Agency Representative

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

FACILITY NAME: T-MART #4
FACILITY SITE ADDRESS: 629 W GRANGEVILLE BLVD
OWNER NAME: AIT VENTURE INC

BUSINESS PHONE: (559) 708-7609
CITY: HANFORD
CERTIFIED FOOD MANAGER: Not Specified

RECORD ID#: PR0010538
ZIP CODE: 93230
EXP DATE: Not Specified

DATE: October 05, 2020
INSPECTION TYPE: ROUTINE INSPECTION
INSPECTOR: Susan Lee-Yang - 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: IMPROPER COLD HOLDING TEMPERATURE(S)  [HSC 113996]
Description/Corrective Action: Ambient temperature of the small cold holding unit storing packaged sandwiches, cheese sticks, and yogurt was measured at 48F. Lower thermostat and ensure unit is able to maintain 41F and below.

General Comments:
Hand wash station has hot water, soap, and paper towels.

Other than noted, cold holding units were noted satisfactory.

Due to the COVID-19 pandemic, the California Department of Public Health recommends to discontinue the use of self-serve items (ie: soda and coffee dispensers) by the public.

A copy of the unsigned report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

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: ☐

Received By:  
Susan Lee-Yang - REHS  
Agency Representative

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