



**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**

<b>FACILITY NAME:</b> 98 SUPER DISCOUNT	<b>BUSINESS PHONE:</b> (559) 584-1646	<b>RECORD ID#:</b> PR0008822	<b>DATE:</b> January 18, 2022
<b>FACILITY SITE ADDRESS:</b> 602 E 6TH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ANTAR M ALMONTASER	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> SEM HAR GEBREGZIABIHE

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:** Restroom was not supplied with paper towels please make sure there are always paper towels stocked for hand washing.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** One of the refrigerator units next to the soda machines did not have a cover and was left exposed. Inspector informed the operators and told them to cover this to prevent any electrical issues/ accidents.

**General Comments:**

Observations:

All cold holding refrigeration units holding sodas, coffee, etc. were below 41F.

Dry food storage was well organized, six inches above the ground, and separated from other miscellaneous items.

All Freezer units holding various flavored popsicles are 0F.

Please fix the noted violations above after the inspection is concluded.

A copy of this inspection will be emailed to the operator.

Thank you for your time.

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

*SEM HAR GEBREGZIABIHE*

Received By: \_\_\_\_\_

\_\_\_\_\_  
Agency Representative

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



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<b>FACILITY NAME:</b> 98 SUPER DISCOUNT	<b>BUSINESS PHONE:</b> (559) 584-1646	<b>RECORD ID#:</b> PR0008822	<b>DATE:</b> October 13, 2020
<b>FACILITY SITE ADDRESS:</b> 602 E 6TH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ANTAR M ALMONTASER	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Liliana Stransky - 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 was observed unsanitary and no paper towels were available in the dispenser. Keep the restroom clean and the hand washign station supplied with hand soap and paper towels all the time.

General Comments:

All cold holding temperatures were observed below 41F.

Pre-packaged foods were observed stored six inches above the floor.

Please correct the vioalntion as indicated above.

Employees (2) were not observed wearing face coverings. This is a state mandate to help minimize the spread of illness including covid. The pexi glass by the front counter is an additional barrier, but face covers are still required. Adhere to the state guidelines and contact our department if you have any questions.

The unsigned copy of the report will be emailed for your records.

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

Liliana Stransky - REHS

Agency Representative

Received By: \_\_\_\_\_

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<b>FACILITY NAME:</b> 98 SUPER DISCOUNT	<b>BUSINESS PHONE:</b> (559) 584-1646	<b>RECORD ID#:</b> PR0008822	<b>DATE:</b> March 10, 2020
<b>FACILITY SITE ADDRESS:</b> 602 E 6TH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ANTAR M ALMUNTASER	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Paven Batth

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:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** 6 water bottle cases were observed on the floor in general sales near the refrigeration unit . Water bottle cases need to be stored on approved shelving at least 6" above the floor to protect the product from contamination.  
[Product: Kirkland Signature Purified Drinking Water, 16.9 oz, 40 ct]

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** The back storage room was observed to cluttered. In order to ensure proper pathway access, organize the back storage room and ensure it's clutter-free.

**General Comments:**

Restroom: Proper supply of hot and cold water was noted. The restroom also had soap and paper towels available.  
Store Aisles: The store aisles were fairly organized.  
Other Comments: Found food to be properly labeled in the store aisles, cooler and freezers.

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