



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: PORT OF SUBS	BUSINESS PHONE: (559) 212-8323	RECORD ID#: PR0000595	DATE: October 13, 2021
FACILITY SITE ADDRESS: 729 W LACEY BLVD 2	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REBECCA HITCHRICK	CERTIFIED FOOD MANAGER: GLENN HITCHRICK	EXP DATE: 1/25/2021	INSPECTOR: Yatee Patel - 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The facility is currently storing the deli case near the 2 compartment sink at the back of the facility. The facility is very limited in space and should re-arrange or expand storage for easy food prep for employees. Over crowding of equipment creates an environment that is not easy to clean around and keep clean and organized.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The manager certification is currently expired. The manager who has obtained this certification must be present at the facility majority of the times to train employees and oversee food safety practices.

Please email a manager's food certification within 30 days of this report.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The facility has no 3 compartment or an automatic dish washer. Based on the amount of increase in food prep and serving, this facility will need to install a 3 compartment sink for correctly cleaning and sanitizing all utensils. Please give our department an update with the status of this change.

General Comments:

Hand washing station was observed fully stocked, please be sure that all employees use hot water to wash hands correctly.

All cold foods were at 41F or lower.

The facility currently went through power outage. In the future, when such an event occurs, please notify our department.

Thank you

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



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OWNER NAME: REBECCA HITCHRICK	CERTIFIED FOOD MANAGER: GLENN HITCHRICK	EXP DATE: 1/25/2021	INSPECTOR: Yatee Patel - REHS

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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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

Yatee Patel - REHS

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PORT OF SUBS	BUSINESS PHONE: (559) 212-8323	RECORD ID#: PR0000595	DATE: January 29, 2021
FACILITY SITE ADDRESS: 729 W LACEY BLVD 2	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REBECCA HITCHRICK	CERTIFIED FOOD MANAGER: GLENN HITCHRICK	EXP DATE: 1/25/2021	INSPECTOR: Yatee Patel - 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:

Hand washing station was fully stocked with hot water, paper towel and soap.

Sanitizer buckets were at 50ppm of chlorine concentration.

All cold holding temperature were at 41F or below. The open bagged veggies that are used for the sandwiches are generally used within 2 hours of opening. The unit was holding at 28F at the time of inspection.

The facility used a 2 compartment sink for sanitizing. This department recommends installing a three compartment sink to wash utensils correctly.

The employees are monitored with general health and temperatures due to Covid -19. All employees wore masks during today's inspection.

Over all the food facility was in good condition.

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: _____

Yatee Patel - REHS
 Agency Representative

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