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>VIC’S PLACE BAR &amp; GRILL</td>
<td>(559) 582-3200</td>
<td>PR0005997</td>
<td>February 23, 2018</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>8348 E LACEY BLVD</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

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<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHARON L OLIVER</td>
<td>SHARON OLIVER</td>
<td>7/23/2016</td>
<td>Luis Flores - REHS</td>
</tr>
</tbody>
</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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** A section of kitchen area ceiling was observed with peeling wallboard plaster. Have the peeling plaster removed and redone as soon as possible.

**General Comments:**

The facility was observed in overall satisfactory operational condition.

**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:**

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**Received By:**  
**Agency Representative:**

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

FACILITY NAME: VIC'S PLACE BAR & GRILL

FACILITY SITE ADDRESS: 8348 E LACEY BLVD

OWNER NAME: SHARON L OLIVER

CERTIFIED FOOD MANAGER: SHARON OLIVER

BUSINESS PHONE: (559) 582-3200

CITY: HANFORD

ZIP CODE: 93230

RECORD ID#: PR005997

EXP DATE: 7/23/2016

DATE: January 27, 2017

INSPECTION TYPE: ROUTINE INSPECTION

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:

Refrigeration temperatures were monitored at below 41 F. All water supply throughout the facility was fully functional. The facility was determined to be in satisfactory operational condition.

RESULTS OF EVALUATION:  X PASS  

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

Reinspection Date (on or after): N/A

[ ] Potential Food Safety All Star:

Received By:

Luis Flores - REHS

Agency Representative

NOTE: This report must be made available to the public on request
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 HANDWASH FACILITIES [HSC 113953 - 113593.2]
Description/Corrective Action: The single handwash sinks in both the men's and women's restrooms did not readily drain. Have the sink drain plumbing cleared with an unclogging agent.

General Comments:

Other than the noted bathroom sink violations, the facility was otherwise in satisfactory operational condition.

The kitchen refrigeration temperature was at 41 F.

RESULTS OF EVALUATION:   □ PASS  □ NEEDS IMPROVEMENT  □ FAIL

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

Potential Food Safety All Star:  □

Luis Flores - REHS
Agency Representative

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