FOOD SAFETY EVALUATION REPORT

Facility Name: JIMMY JOHN'S
Business Phone: (661) 706-0551
Record ID#: PR0009839
Date: February 01, 2022

Facility Site Address: 366 N 12TH AVE
City: HANFORD
Zip Code: 93230
Inspection Type: ROUTINE INSPECTION

Owner Name: CENTRAL VALLEY SUB INC.: FELICIA LISMAN
Certified Food Manager: CHARLES B LISMAN
Exp Date: 1/29/2025
Inspector: SEMHAR GEBREGZIABIHE

None Noted

Violation:

General Comments:

- ROUTINE INSPECTION -

Hand washing station was supplied with hot water, paper towels, and soap.

Three compartment sink was not in use at the time of the inspection but was well maintained.

All refrigeration units holding the variety deli meats (ham, chicken, roast beef), tomatoes, lettuce, etc. were 41F and below.

Freezer unit was functioning properly at -3.2F.

All dry storage was well organized and six inches above the ground.

Food manager and handler cards were up to date and available for review.

An electronic invoice of pest control services done within the last month was available and was shown to the inspector.

Workers were observed practicing good food handling and washing their hands frequently.

Overall clean and well maintained facility.

Thank you for your time.

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

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>JIMMY JOHN'S</th>
<th>BUSINESS PHONE:</th>
<th>(661) 706-0551</th>
<th>RECORD ID#:</th>
<th>PR0009839</th>
<th>DATE:</th>
<th>February 01, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>366 N 12TH AVE</td>
<td>CITY:</td>
<td>HANFORD</td>
<td>ZIP CODE:</td>
<td>93230</td>
<td>INSPECTION TYPE:</td>
<td>ROUTINE INSPECTION</td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>CENTRAL VALLEY SUB INC.: FELICIA LISMAN</td>
<td>CERTIFIED FOOD MANAGER:</td>
<td>CHARLES B LISMAN</td>
<td>EXP DATE:</td>
<td>1/29/2025</td>
<td>INSPECTOR:</td>
<td>SEMHAR GEBREGZIABIHE</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.

RESULTS OF EVALUATION:  
- PASS  
- NEEDS IMPROVEMENT  
- FAIL  

Reinspection Required: Yes:    No:  X

Reinspection Date (on or after):    N/A

Potential Food Safety All Star:    

Received By:    

SEMHAR GEBREGZIABIHE

Agency Representative

NOTE: This report must be made available to the public on request
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>JIMMY JOHN'S</td>
<td>(661) 706-0551</td>
<td>PR0009839</td>
<td>August 27, 2020</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>366 N 12TH AVE</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>FELICIA LISMAN</td>
<td>CHARLES B LISMAN</td>
<td>1/29/2025</td>
<td>Yatee Patel - 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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:**
One of the cold holding deli case was above 41F. All foods (Deli meats and freshly cut veggies) were at 48F.

Please keep that unit stocked and lid closed when not in use so that the temperature can be maintained at 41F or lower.

**General Comments:**
- Hand washing station was fully stocked.
- Bleach is used for sanitizer.
- Observed employees wearing masks and taking covid 19 precautions.
- Thank you

**RESULTS OF EVALUATION:**
- PASS
- NEEDS IMPROVEMENT
- FAIL

**Reinspection Required:** No

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

**Potential Food Safety All Star:**

Received By: 
Signed: 

Yatee Patel - REHS
Agency Representative

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